

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1907	Month May	Age	Years	Month	Day
Sex	m.	Color or Race	w	Birth-place	House Front Street No. 4	
Occupation				Where Residing if not at place of death		
Married or Widowed				Name of Wife or Husband	Father's Birthplace	Md
Father's Name	Oscar Anthony			Mother's Birthplace	Md	Colan
Mother's Maiden Name	Annie Moseley			How related to deceased		
Name of person giving Information	Oscar Anthony					

CAUSES OF DEATH

Primary	Premature birth - 8 months	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Griffith
Front Street No. 4

Accident or Suicide?

Haver

Aug. 1.

Name
in
Full

Mrs Jessie Ayers.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1907	Month May	Day 27	Years Age 61.	Months —	Days 5	
Sex Female	Color or Race	white		Birth- place	Scotland	
Married, Single or Widowed	Occupation	Married		Housewife		
Name of Wife's Husband	Henry Ayers					
Father's Name	Archibald Meek				Father's Birthplace	
Mother's Maiden Name	Christian Tate Meek				Mother's Birthplace	
Name of person giving Information	Son and Daughter.				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR COBONER

Primary

Chronic Bronchitis

91

years.

Immediate

Exhaustion.

Are the name, age, sex, color, date
and place correctly given above?

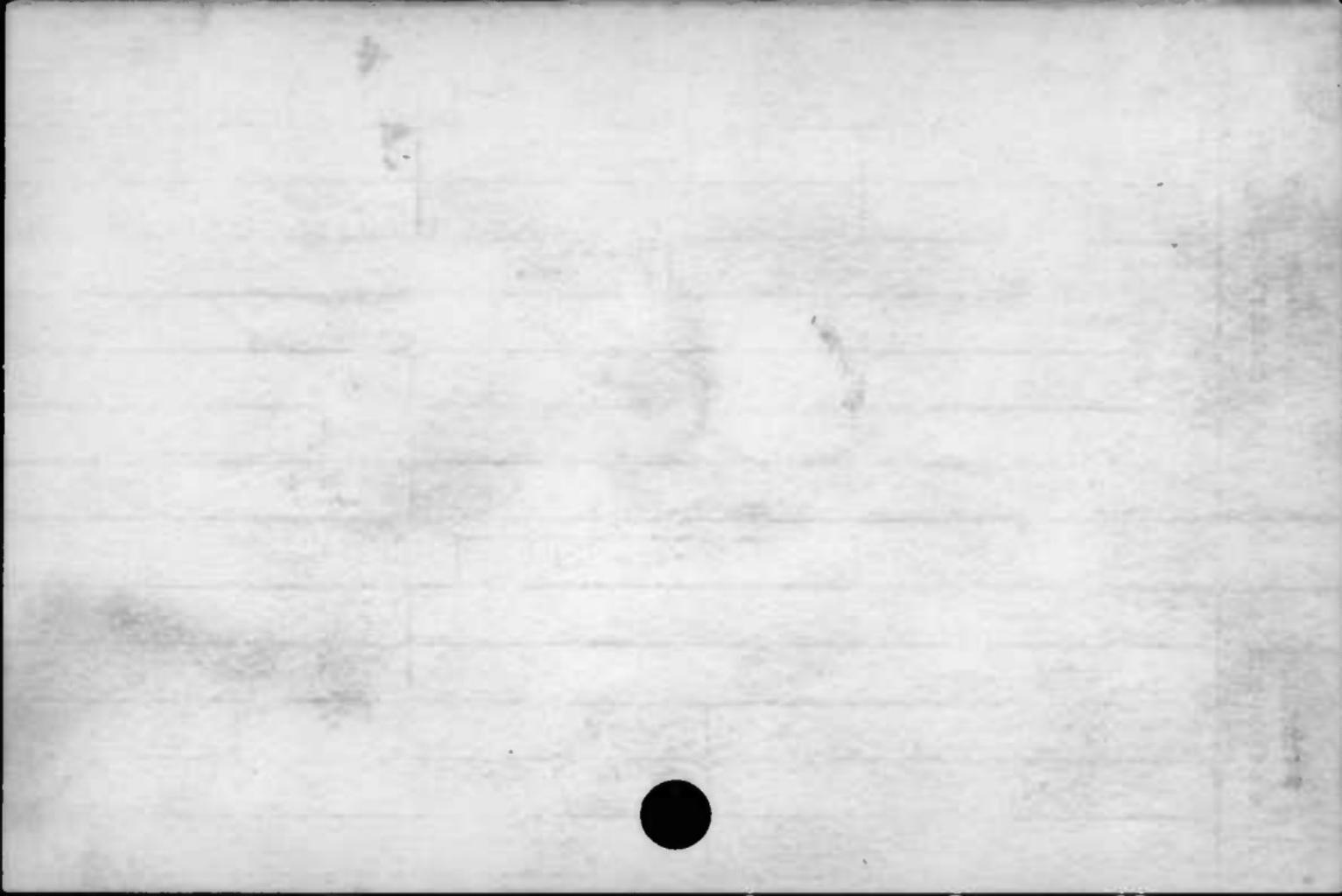
Yes

Signature of
Physician

Address

J. H. M. Gamm M.D.
Barton, Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sage Baxter

Died at Town County

Date Month Day Years Months Days
of death 1907 5 25 - 1907 60

Sex Color or Race

MARYLAND

Birthplace

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

166

How long

Primary

How long

Immediate

Road accident

month

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

G H Matz coroner
Lumberland MD

Address

Accident or Suicide?

accident

100 - 1000

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

James Beauman

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	May	19	20	8	15~
Sex	Color or Race	Birth-place			
Male	White				
Occupation	Where Residing if not at place of death				
Trapper in mine					
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Samuel Beauman		Father's Birthplace	Seneca	
Mother's Maiden Name	Maggie Brown		Mother's Birthplace	Seneca	
Name of person giving information	Samuel Beauman		How related to deceased	Father	

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary

Killed by cars (RR)

How long

Immediate

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

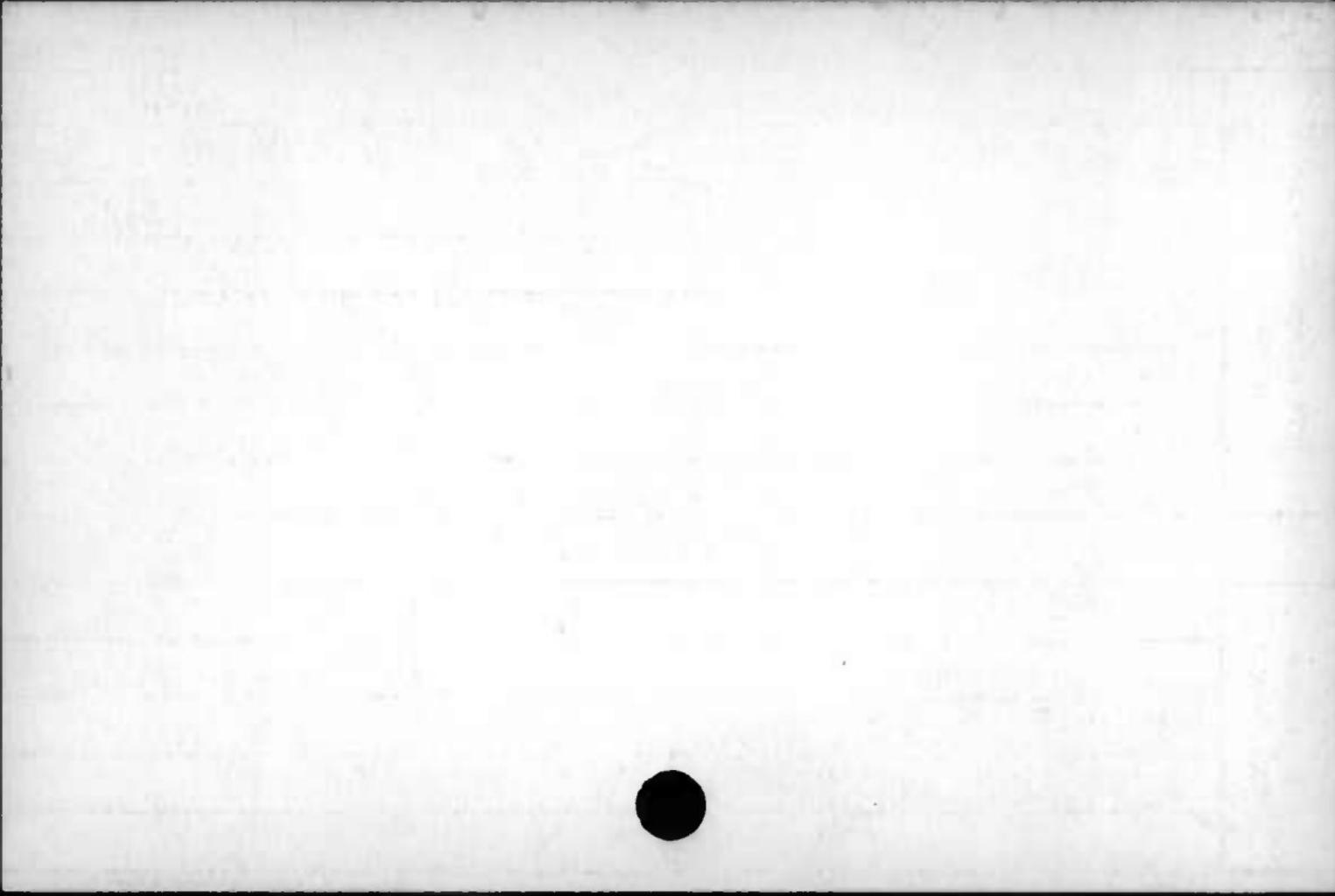
Address

G & W. May, Coroner

Accident

Accident or Suicide?

Accident



Name
in
Full

Robert Emmett Broderick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1904	5	29	23	8	13	
Sex	M.	Color or Race	N.	Birth-Place	Md	
Occupation	School.	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Thomas Broderick		Father's Birthplace	Ireland		
Mother's Maiden Name	Jane Carney,		Mother's Birthplace	Md.		
Name of person giving information	Mike Conlon		How related to deceased	Brother-in-law		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage.

How long

Immediate

How long

15 hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr W. M. Lane

Frostburg Md

Accident or Suicide?



Name
in
Full

Baby Henry Bullet

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u>		Town	County <u>Allegany</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>9th</u>	Age	<u>one hour and half</u>		
Sex <u>male</u>	Color or Race <u>colored</u>	Birth-place <u>Cumberland</u>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed <u>single</u>	Name of Wife or Husband					
Father's Name <u>Henry Bullet</u>			Father's Birthplace <u>West Va</u>			
Mother's Maiden Name <u>Nannie Wells</u>			Mother's Birthplace <u>West Va</u>			
Name of person giving Information <u>Henry Bullet</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

(151)

How long

about 6 $\frac{1}{2}$ mo.

How long

✓
PHYSICIAN
OR CORONER

Primary

Premature birth

Immediate

deficient circulation

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Gurney Shands M.D.
65 N. Mechanic St.

Accident or Suicide?



Name
in
Full

Louisia Bullett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			✓	
Married, Single or Widowed	Name of Wife or Husband	Thos Bullett			
Father's Name	Dart Know			Father's Birthplace	Dart Know
Mother's Maiden Name	"	"	"	Mother's Birthplace	" "
Name of person giving information	Frank Bullett			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's Disease

How long

1 mo.

Immediate

Uremic Coma

How long

Are the name, age, sex, color, date and place correctly given above?

Stephens Yis.

Signature of Physician

Dr. Spurgeon Sparks
Cumberland
Md.

Address

Accident or Suicide?

11/11/11

Name
in
Full

Edna Rosalie Carpenter

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1907	Month 5	Day 13	Years 20
Sex Male	Color or Race White	Birth-place Pa.	
Occupation Carpenter	Where Residing if not at place of death Pittsburg Pa.		
Married, Single or Widowed Single	Name of Wife or Husband —		
Father's Name G.W. Carpenter	Father's Birthplace Virginia		
Mother's Maiden Name A.P. Kinsella	Mother's Birthplace Pa.		
Name of person giving information J.O. Carpenter	How related to deceased brother		

CAUSES OF DEATH

(1)

How long

3 weeks.

How long

PHYSICIAN
OR CORoner

Primary

Ephraim Farn

Immediate

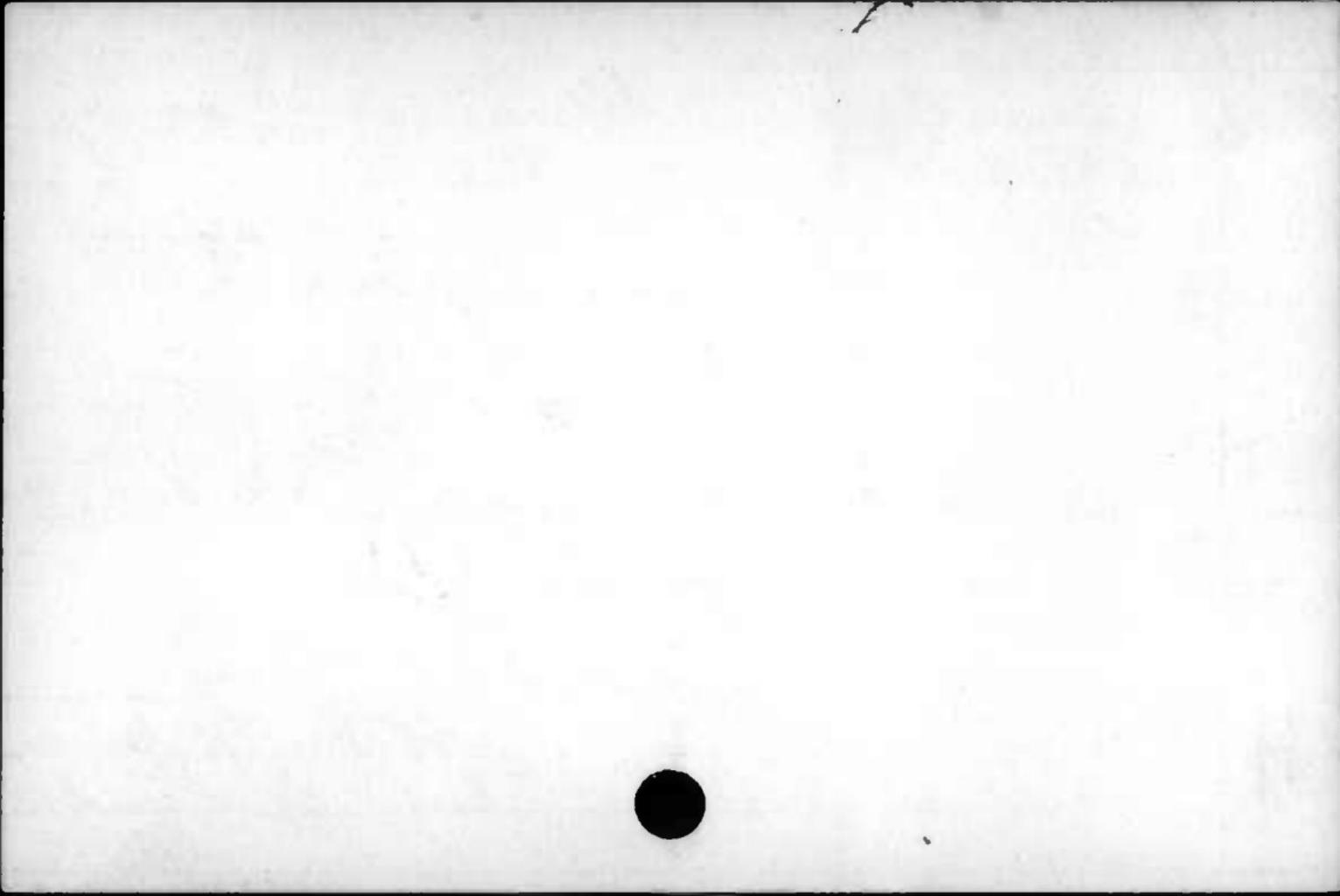
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.D. Carpenter
Pittsburg Pa.

Accident or Suicide?



Name
in
Full

David Clarke

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1907	Month May	Years 68	Months - Days -
Sex male	Color or Race white	Birth Place Scotland	
Married, Single or Widowed	Occupation	Widower. Coal miner.	
Name of Wife or Husband	Don't know.		
Father's Name	Don't know.		
Mother's Maiden Name	Don't know.		
Name of person giving Information	Son, daughter-in-law, and others.		

CAUSES OF DEATH

155

PHYSICIAN
OR CORONER

Primary Overdose of Laudnum
Immediate salt administered.

How long -

Are the name, age, sex, color, date and place correctly given above?

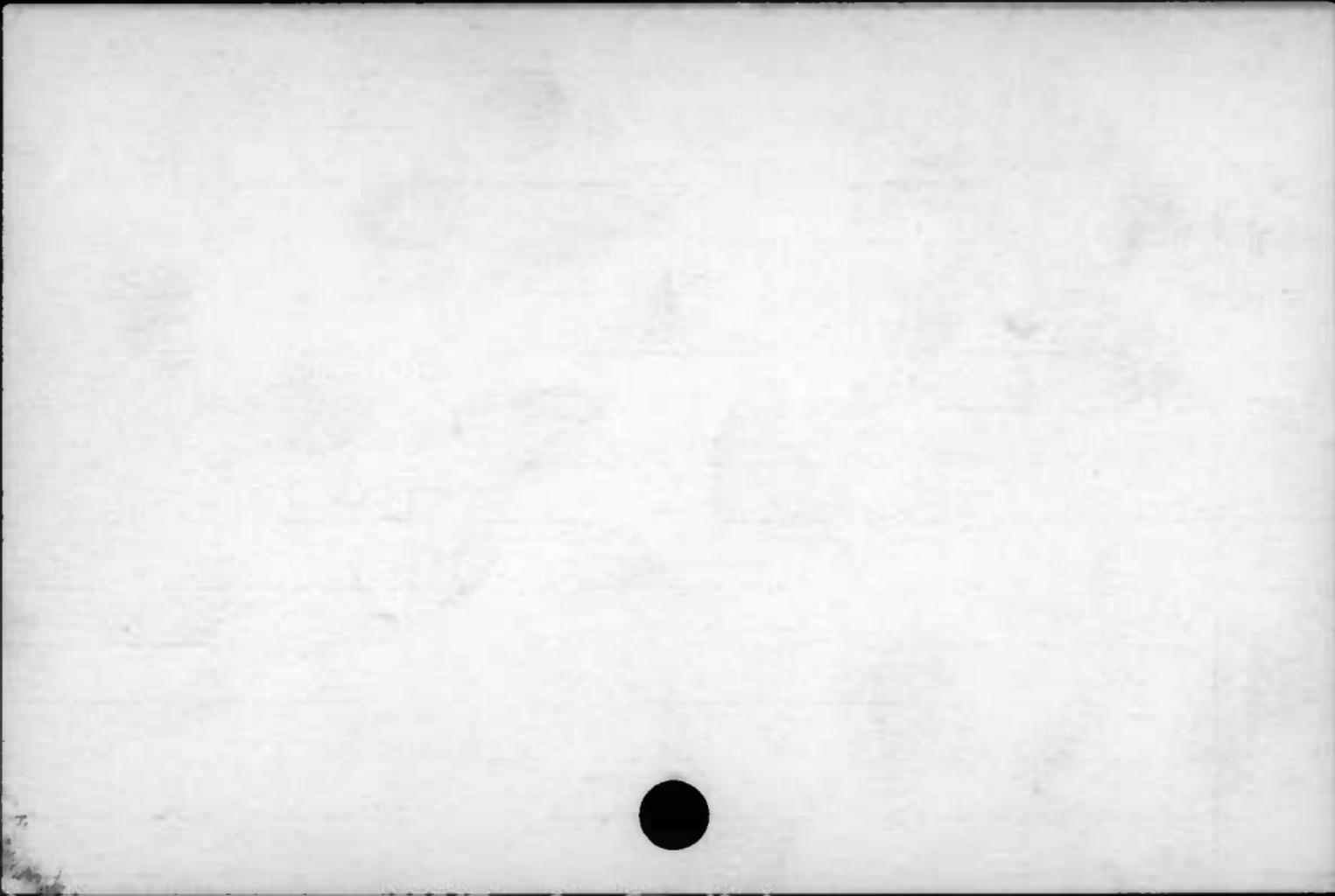
Signature of Physician

Address

G.H. Wainz Comer
Cumberland
Md

Q
Accident or Suicide?

Suicide



Name
in
Full

Reginald Cowherd

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month May	Day 4	Years 15	Months	Days	
Sex	Male	Color or Race	White	Birth place Hinton W. Va.			
Occupation	Laborer		Where Residing if not at place of death Span st				
Married, Single or Widowed	Single	Name of Wife or Husband none		Father's Birthplace	W. Va.		
Father's Name	Gabriel Cowherd			Mother's Birthplace	Cumberland		
Mother's Maiden Name	Toodie White			How related to deceased	Male.		
Name of person giving information	H. E. White			166			

CAUSES OF DEATH

Primary
accidental of falling Wall on him

How long

Immediate
immediate

How long

PHYSICIAN
OR CORONER

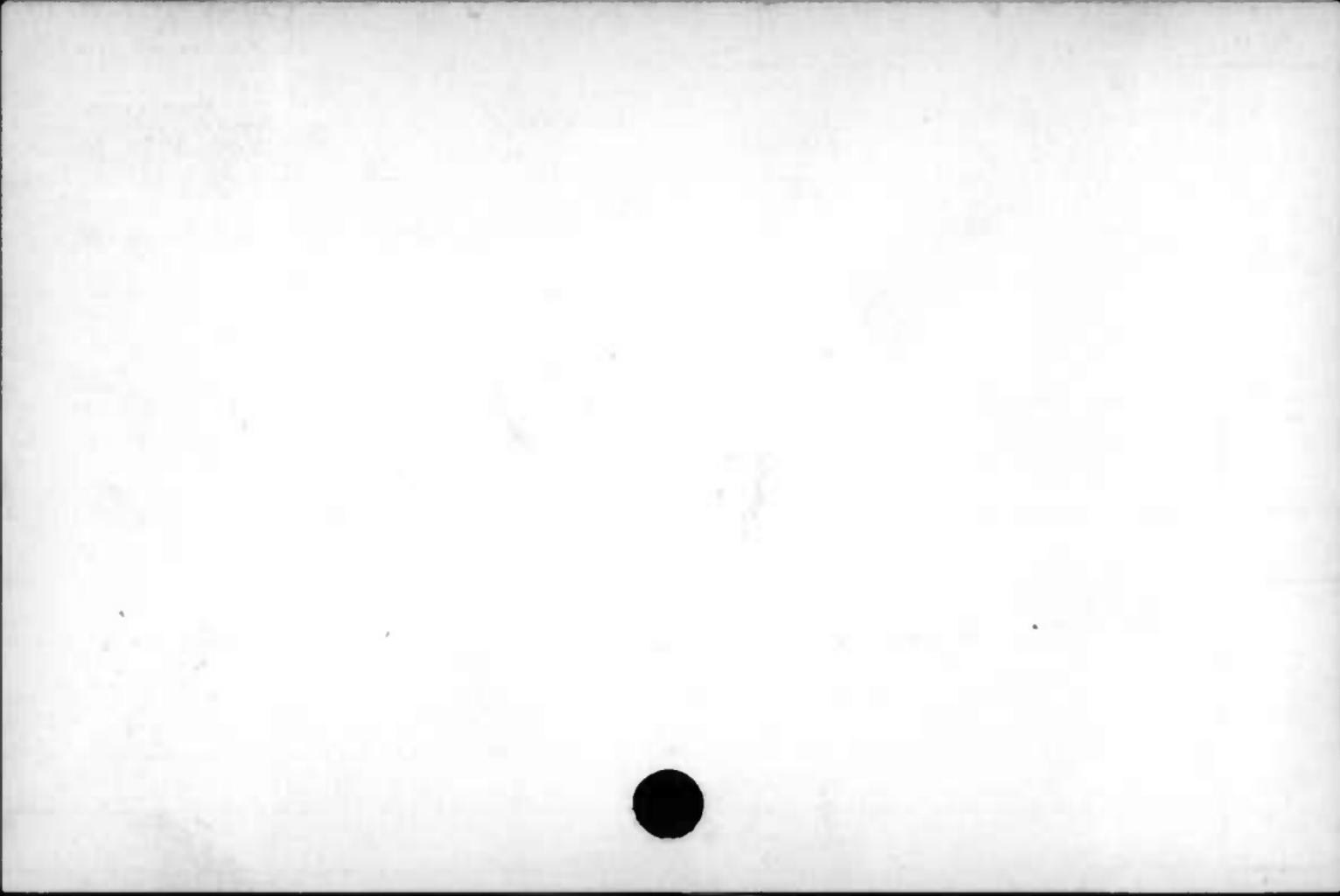
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. H. Mary Conner
Cumberland Md.

Accident or Suicide?



Name
in
Full

Robt. F. Creighton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at Loracovina	Allegany					
Date of death 1907	Month May	Day 8th	Age 54	Years 7	Months 3	Days 2
Sex Male	Color or Race white	Birthplace Scotland				
Occupation Miner	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Jeannette Potlock					
Father's Name James Creighton	Father's Birthplace Scotland					
Mother's Maiden Name Isabella	Mother's Birthplace Scotland					
Name of person giving information Mrs. Robt. F. Creighton	How related to deceased wife					

CAUSES OF DEATH

Primary

Carcinoma

45

How long

1 year

Immediate

Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Henry E. Hodson M.D.

Address

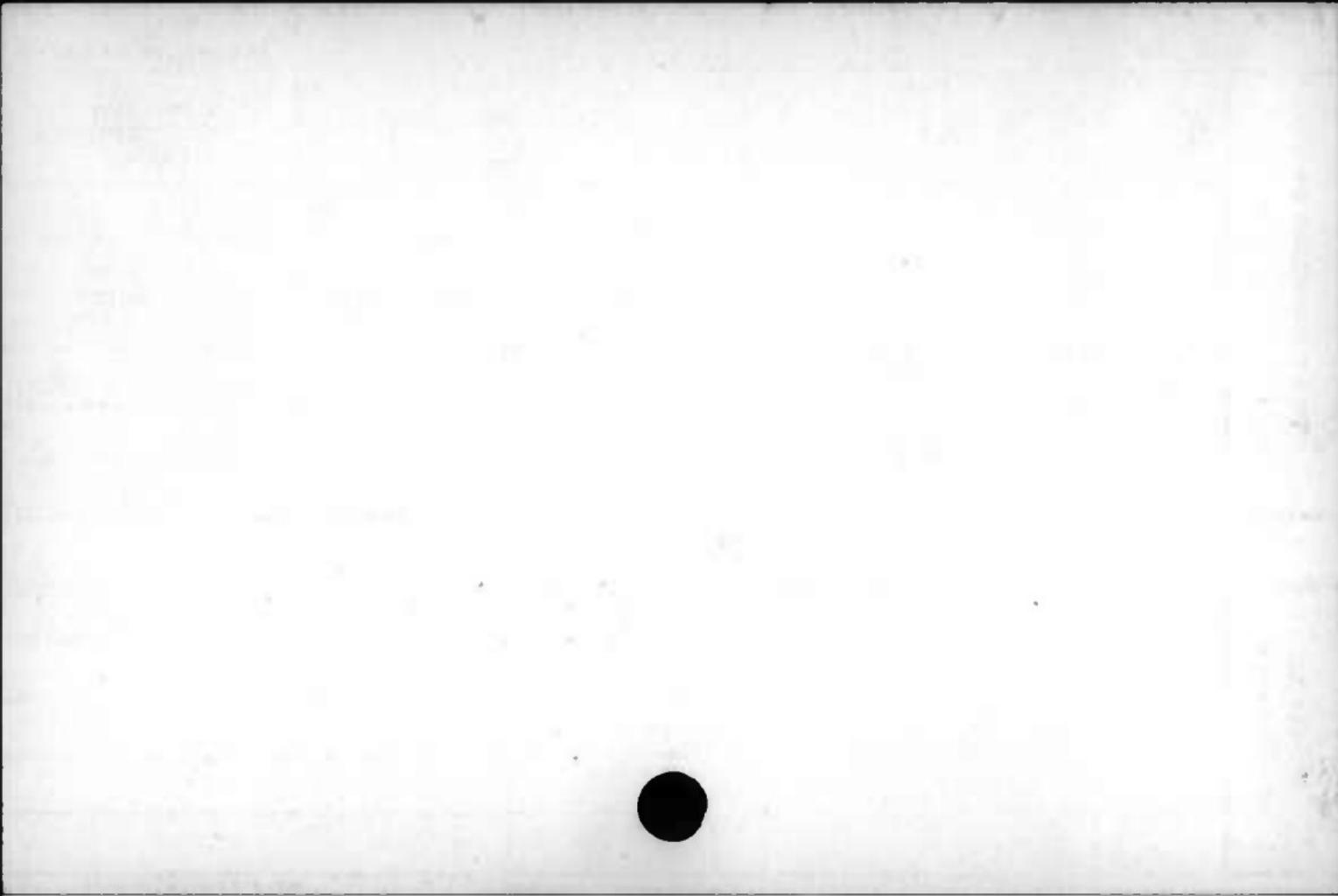
Loracovina,
Md.

PHYSICIAN
OR CORONER

U

Accident or Suicide?

No



Name
in
Full

Joseph L. Deckerhoff

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1907	Month May	Day 23	Years 79
Sex Male	Color or Race White	Birthplace Md	Days
Occupation Laborer	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Henrietta Rank	Father's Birthplace Germany	
Father's Name Louis Deckerhoff	Mother's Maiden Name Do not know	Mother's Birthplace Germany	
Name of person giving information J. C. Ogallay	How related to deceased Son in law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy	64	How long 4 days
Immediate	Paralysis		How long 4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. F. Gwigg	
Yes		Address	Cumberland Md
Accident or Suicide?			



Name
in
Full

Lewis Jackson Duckworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Color or Race		Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Charlotte Shaw		Father's Birthplace	England
Father's Name	Miah Duckworth			Mother's Birthplace	Maryland	
Mother's Maiden Name	Charlotte Shaw			How related to deceased	Son-in-law	
Name of person giving Information	Wm. F. Howard					

CAUSES OF DEATH

79

How long

3 months

How long

Primary

Natural Health disease

Immediate

Sedative

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. McBrice
Frostburg, Md.

Accident or Suicide?

Any Eiðhverf
Braeomug

Name
in
Full

Malcom Hunter Duncan

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Middlethorpe	Alleghany	
Date of death	Month	Day	Years
1907	5	7	Age
Sex	Color or Race	Birth-place	Months
Male	white	Middlethorpe	2
Occupation	Where Residing if not at place of death	Days	5
Married, Single or Widowed			
Single	Name of Wife or Husband		
Father's Name	John Duncan	Father's Birthplace	Middlethorpe
Mother's Maiden Name	Gertrude Wilkis	Mother's Birthplace	Middlethorpe
Name of person giving information	John Duncan	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hooping Cough	8	How long
Immediate	Pneumonia	3 weeks	How long
Are the name, age, sex, color, date and place correctly given above?	yes	2 days	
	Signature of Physician	Dr. F. L. Olyme	
	Address	Middlethorpe	
Accident or Suicide?		med	

110

Name
in
Full

C. L. Dusang

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Cumberland</u>			County <u>Allegheny</u>		MARYLAND			
Town	Month	Day	Years	Months	Days			
Date of death <u>1907</u>	<u>May</u>	<u>1</u>	Age <u>39</u>	-	-			
Sex <u>Male.</u>	Color or Race <u>White</u>	Birth-place						
Occupation <u>U.S. Singer</u>		Where Residing if not at place of death <u>Hagerstown Md</u>						
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Dont know</u>							
Father's Name <u>Dont know</u>	Father's Birthplace <u>Dont know</u>							
Mother's Maiden Name <u>Dont know</u>	Mother's Birthplace <u>Dont know</u>							
Name of person giving information <u>Lewis Stein</u>	How related to deceased <u>sone.</u>							

CAUSES OF DEATH

120

How long

Dont know

Primary

Bright's Disease

Immediate

Nreamia

How long

2 min.

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

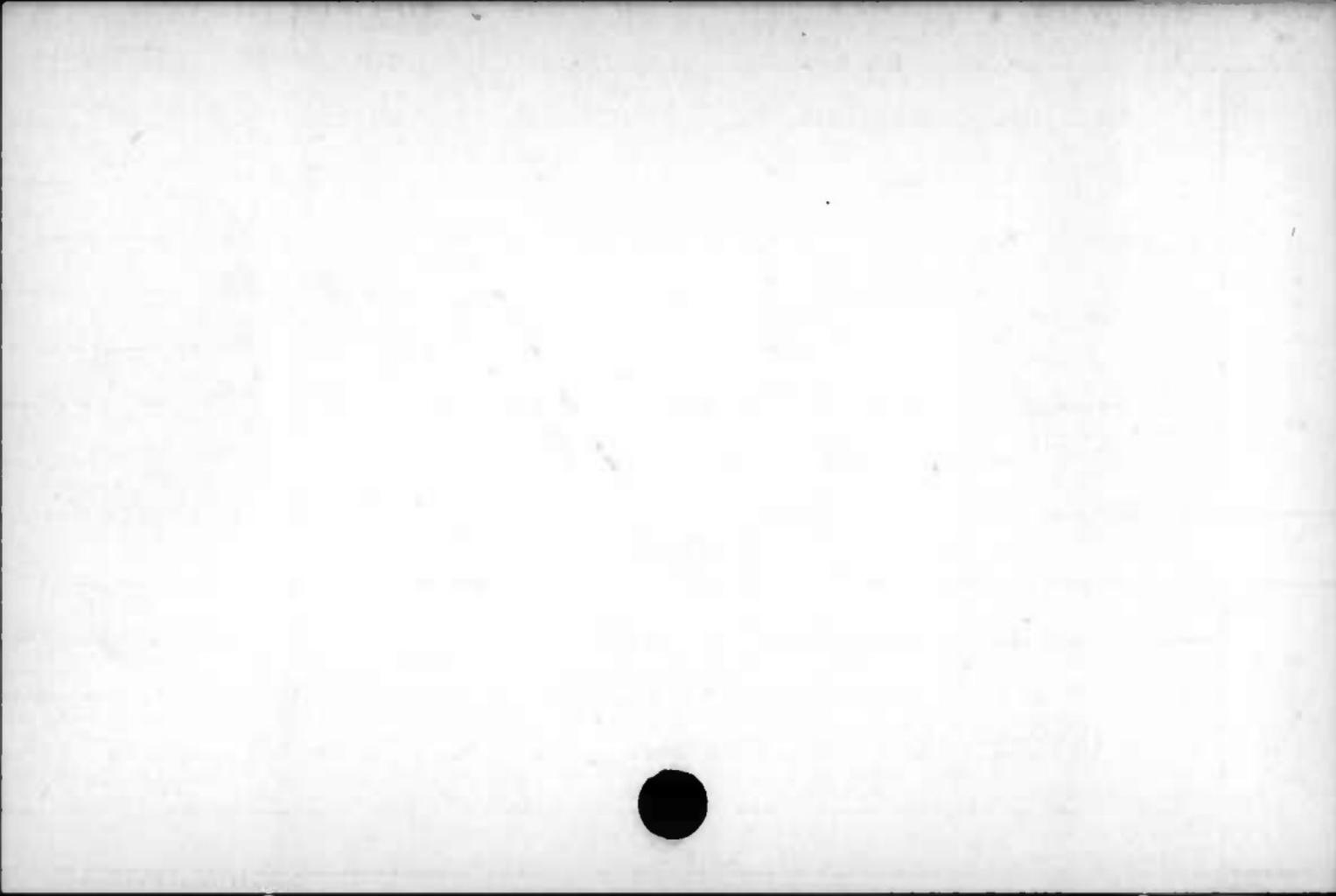
Address

A. Z. Franklin M.D.

Cumberland Md.

This is a strange life
so can't give information

Accident or Suicide? I could



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George Engle				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death 1907	Month May	Day 4	Years 52	Months	Days 19		
Sex Male	Color or Race White	Where Residing if not at place of death					
Occupation Butcher	Name of Wife or Husband Sophia Engle		Father's Birthplace		Gronnary		
Married, Single or Widowed Married	Name of Husband William Engle		Mother's Birthplace		Maryland		
Father's Name William	Name of Maiden Name Catherine Dudley		How related to deceased		Wife		
Mother's Maiden Name	Name of person giving information Sophia Engle						

CAUSES OF DEATH

(1)

Primary

Typhoid fever

About 5 weeks

Immediate

Cardiac exhaustion

Short time

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Colby
Frontenck, Md.

Accident or Suicide?

220

Haarr
German Cur

Name
in
Full

Infant Harry Tafline

CERTIFICATE OF DEATH

To BE ANSWERED BY

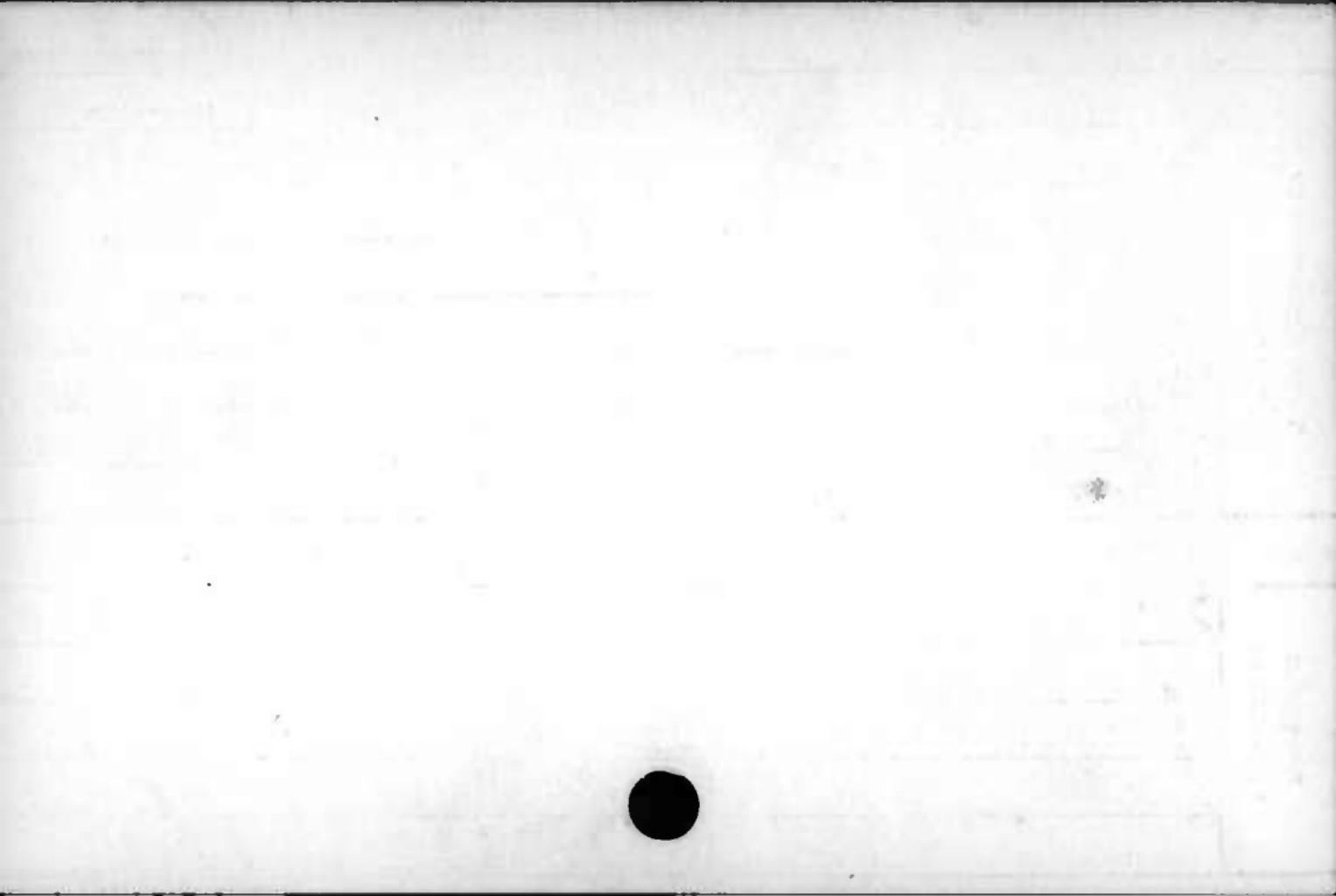
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months
1907	May	6	—
Age	Color or Race	Birth-place	Days
—	white	Maryland	—
Sex	Female	Where Residing if not at place of death	at place of death
Occupation	House		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Russia
Single		Mother's Birthplace	Russia
Father's Name	Harry Tafline	How related to deceased	Father
Mother's Maiden Name	Lena or Robinskey		
Name of person giving information	Harry Tafline		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature	(151)	How long
Immediate	Asphyxiation		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
yes		J. Tafline	Glendale Md.
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

✓
PHYSICIAN
OR CORONER

Benjamin Sant

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1907	Month May	Day 2	Years 67	Months -	Days -	
Sex	Male	Color or Race	Colored		Birth-place	H. Va.	
Occupation	Laborer		Where Residing if not at place of death			-	
Married, Single or Widowed	Widower	Name of Wife or Husband	Margaret Sant				
Father's Name	Dont Know		Father's Birthplace	Dont Know			
Mother's Maiden Name	Dont Know		Mother's Birthplace	Dont Know			
Name of person giving Information	Richard Sant		How related to deceased	Son			

CAUSES OF DEATH

64

How long

How long

Primary

Paralytic Stroke

Immediate

11

11

Are the name, age, sex, color, date and place correctly given above?

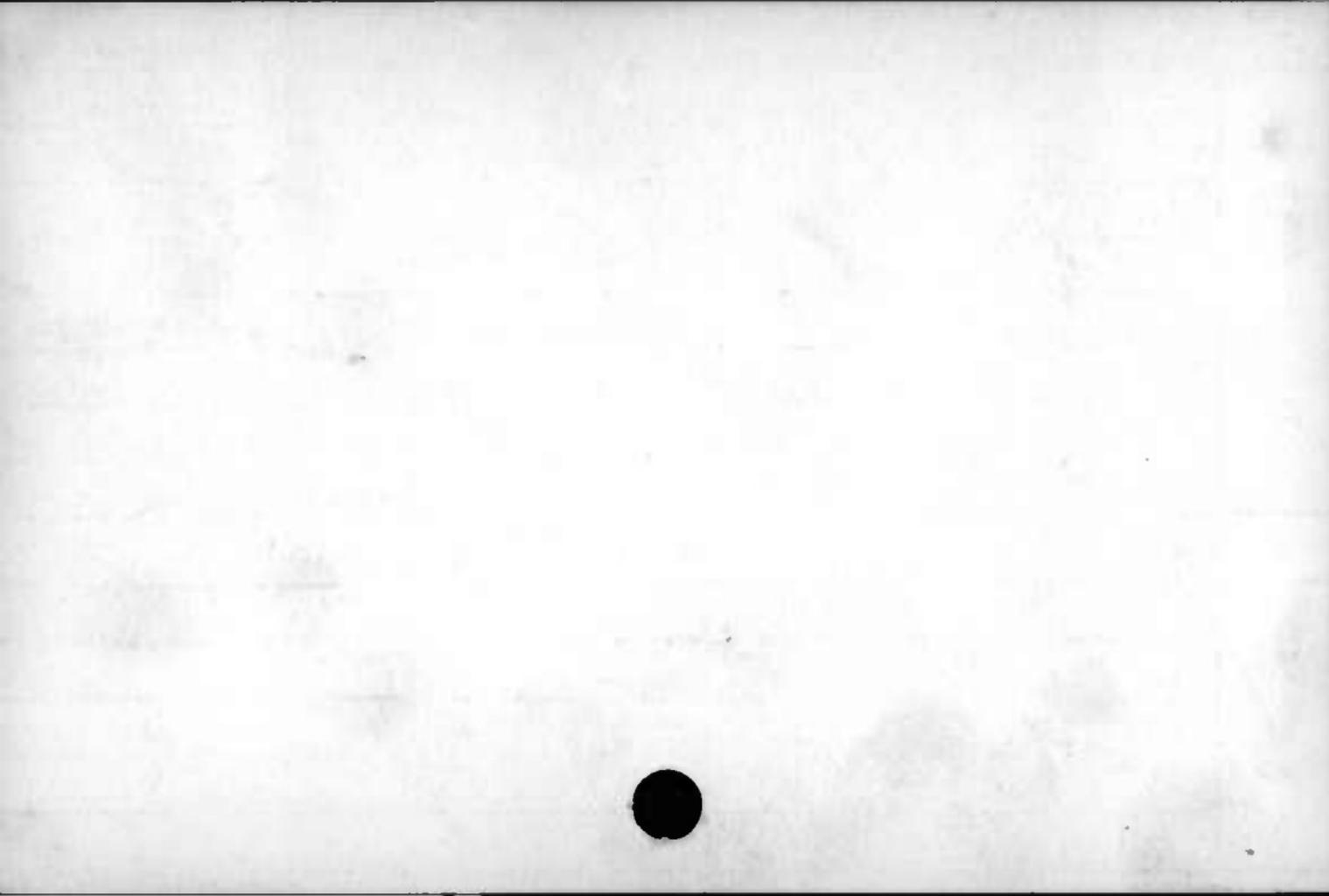
Signature of Physician

Stein

Address

G.H. Matzborrel
Glennville
Md.

Accident or Suicide?



Name
in
Full

Abraham Gardner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1907	Month May	Day 6	Age 59	Years	Months 20020.	Days
Sex Male	Color or Race White		Birth-place Newport Pa.			
Occupation Locomotive Engineer	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Minnie Gardner					
Father's Name Don't Know	Father's Birthplace Don't Know					
Mother's Maiden Name Chreshna Hohstader	Mother's Birthplace Pa					
Name of person giving information Mrs Minnie Gardner	How related to deceased wife.					

CAUSES OF DEATH

79

How long

How long

✓
PHYSICIAN
OR CORONER

Primary Heart Disease

Immediate Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Steve.

Signature of Physician

Address

Dr J. Carl Smith
Ellerslie

972d.

Accident or Suicide?

3 items =

slipper

lot -

plank tip

gr

Name
in
Full

Althea Augusta Gerlach

CERTIFICATE OF DEATH

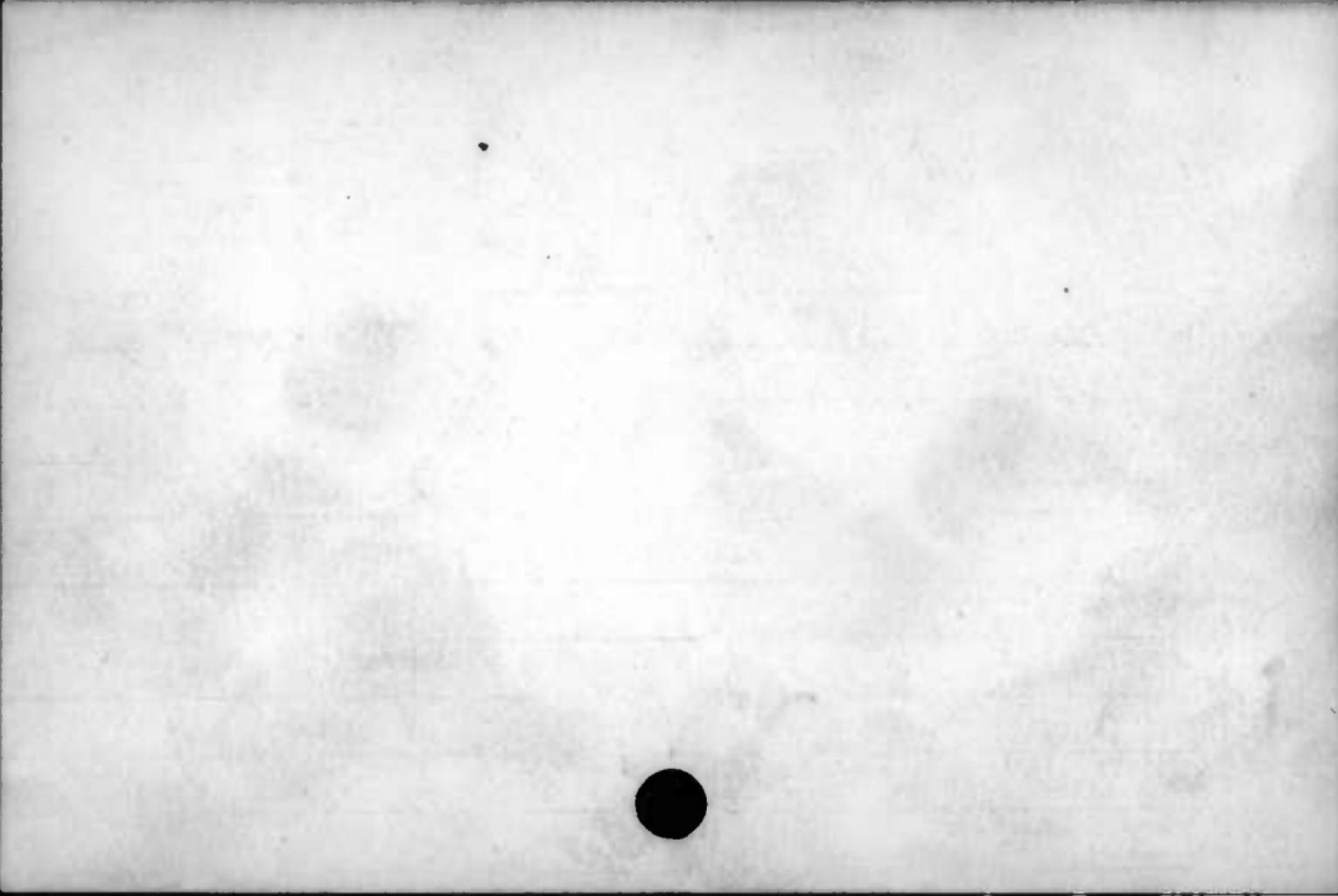
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Firstburg		County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
Sex	Female		Color or Race	White		
Occupation	✓		Where Residing if not at place of death	Firstburg		
Married, Single or Widowed	✓		Name of Wife or Husband			
Father's Name	Wm Gerlach		✓			Father's Birthplace
Mother's Maiden Name	Rebecca Brody		✓			Mother's Birthplace
Name of person giving Information	Wm Gerlach		✓			How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Neglect	How long	✓
Immediate	Acute Gastritis	How long	5 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J.L. Conroy
		Address	Firstburg Md.
Accident or Suicide?			



Name
in
Full

George Waldeck Giffen.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

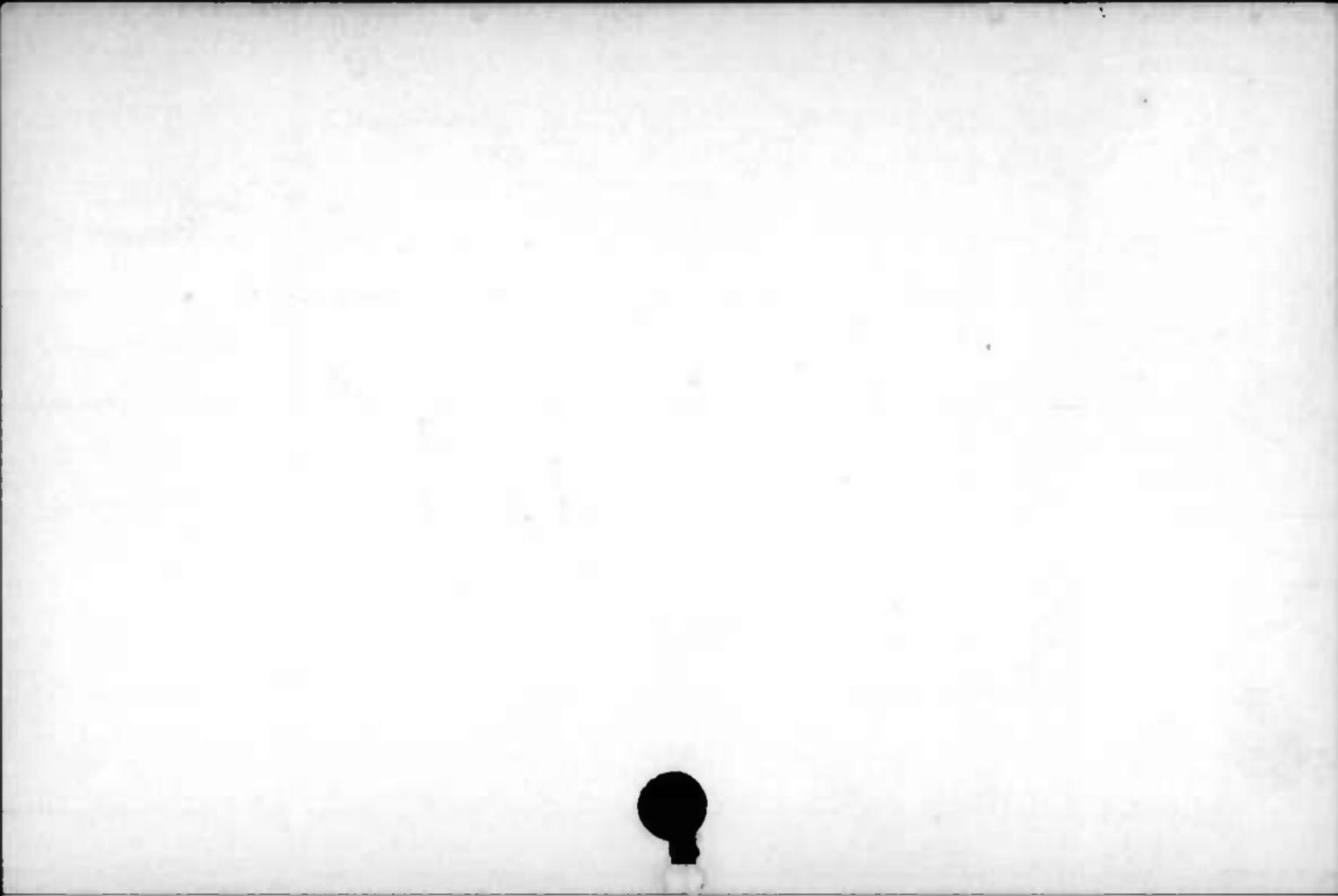
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Siding Hill near Hancock Maryland			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Sarah Scott				
Father's Name	James Giffen					
Mother's Maiden Name	unknown	Melott				
Name of person giving Information	Mrs Sarah Giffen					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Ulcerostrictive Nephritis		How long
Immediate	Cerebral Hemorrhage		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	James Q. Bullock M.D.
		Address	Sonacoming Maryland
Accident or Suicide?		No	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

~~John G. W. Giles.~~

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	5	24	69		
Sex	Color or Race	Age	Birthplace	Baltimore	
Male	White	69	Grafton		
Occupation	Local				
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	Margaret Giles		
Single	Margaret Giles	Baltimore			
Father's Name	Gussey Giles				
Mother's Maiden Name	Rebecca Brooks				
Name of person giving information	Hattie Maderay / Uncle				

CAUSES OF DEATH

64

How long $\frac{1}{2}$ hour

How long $\frac{1}{2}$ hour

Primary

Cerebral Congestion

Immediate

Convulsions

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

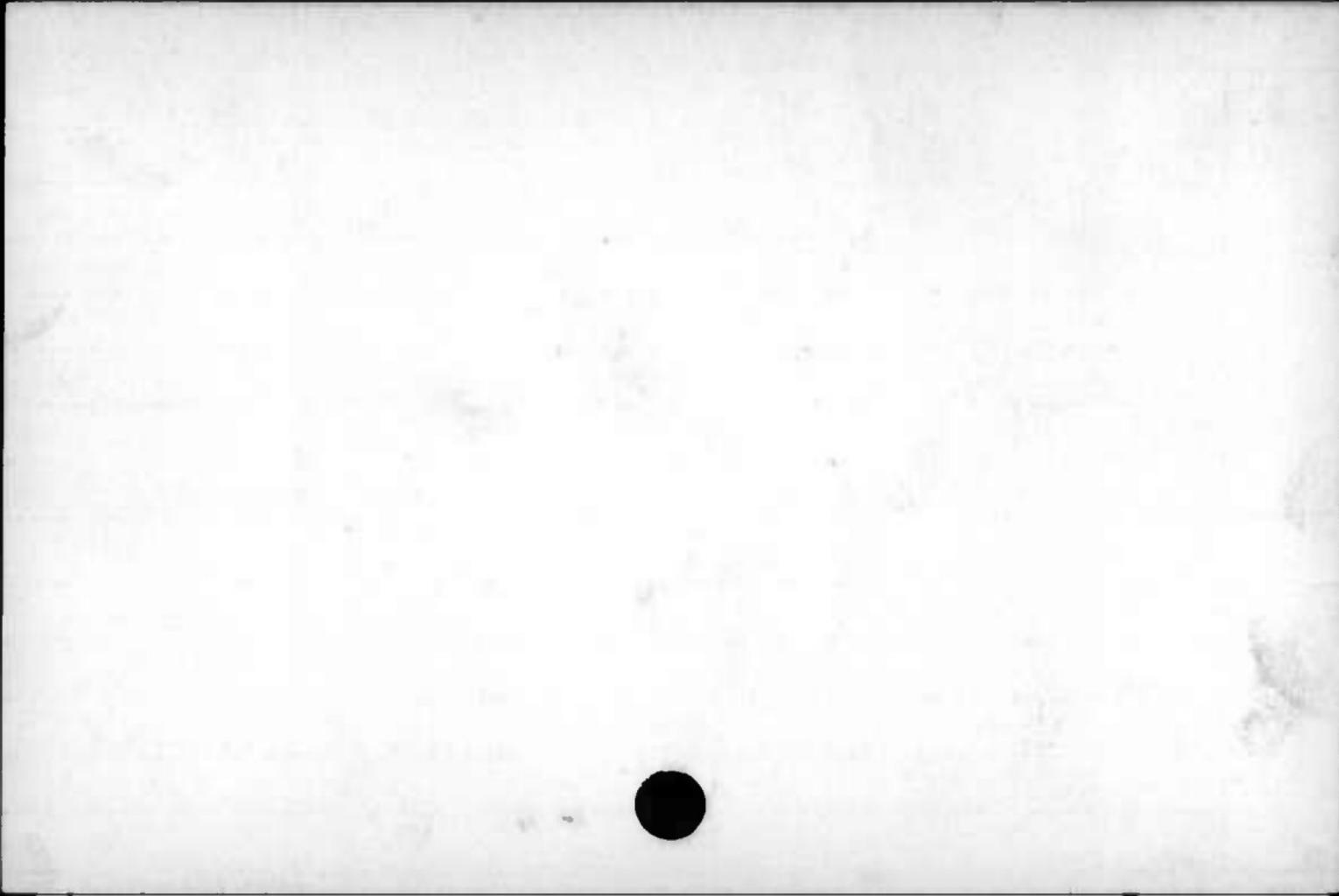
Address

G H May Jr son

GHB

Coroner

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

James Green

Town

Sonacoming

County

alleghany

MARYLAND

Died at Sonacoming Date of death 1907 Month May Day 1 Age — Years Months — Days 16

Sex Male

Color or Race

White

Birth-place

Sonacoming

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

Charles S. Green

Father's Birthplace

Garrett Co. Md.

Mother's Maiden Name

Mary Dawson

Mother's Birthplace

Footbrug Md.

Name of person giving
Information

Charles S. Green

How related
to deceased

Father

CAUSES OF DEATH

152

Primary

Asphyxiated - died suddenly 4 o'clock A.M.

How long

Smothered in bed - Accident

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

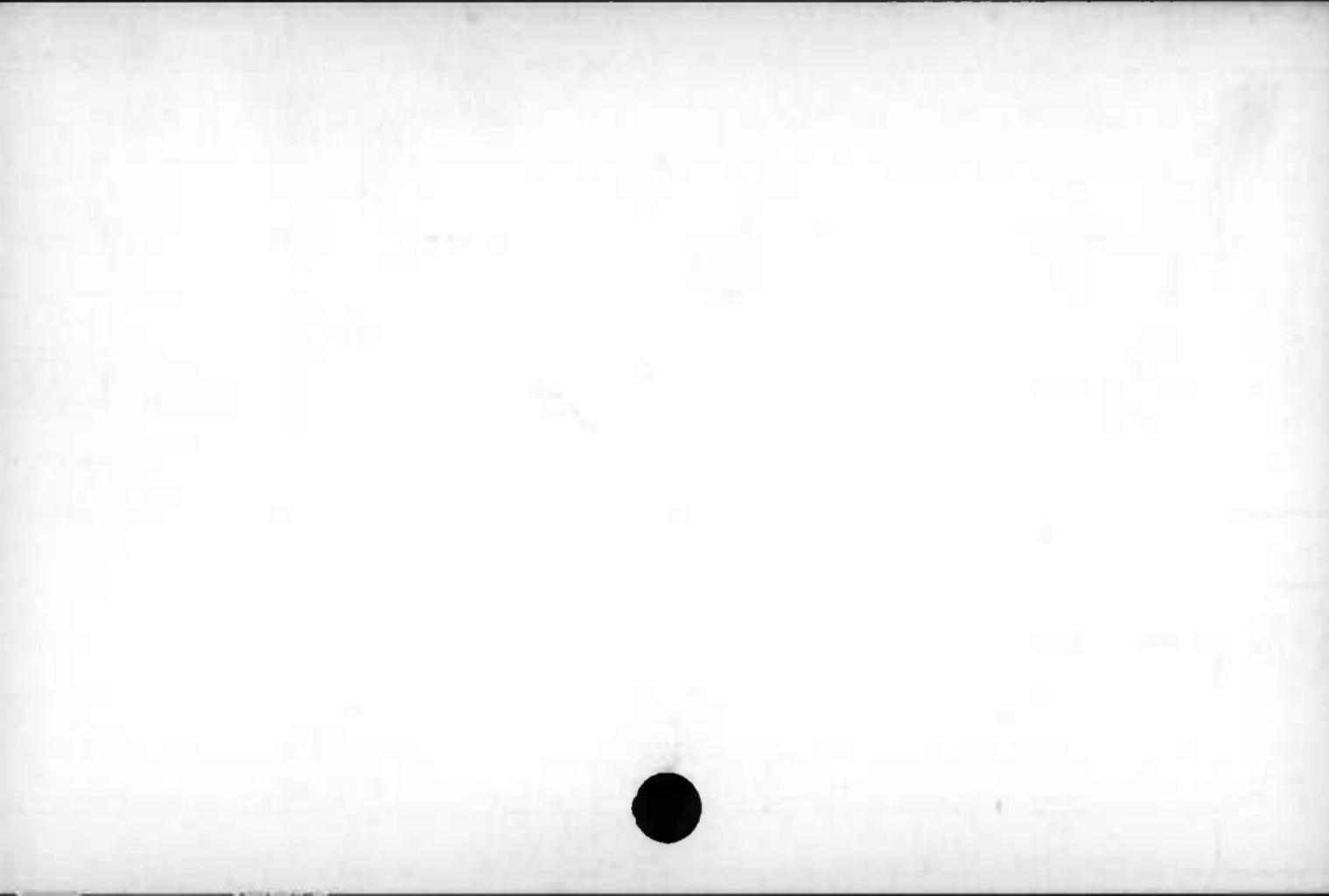
Signature of
Physician

Address

James Q. Bullock M.D.
Sonacoming Md.

Accident

Accident



Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>Martha Hacker</i>						CERTIFICATE OF DEATH		
Died at <i>Sinemering</i>			Town	County <i>allegany</i>				
Date of death <i>1907</i>	Month <i>May</i>	Day <i>21</i>	Age <i>52</i>	Years <i>52</i>	Months <i>1</i>	Days <i>4</i>		
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-Place <i>Rawlings station</i>		<i>md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>	Name of Wife Husband <i>Henry Hacker</i>	Father's Birthplace <i>Cresaptown</i>						
Father's Name <i>William McKenzie</i>	Mother's Birthplace <i>Cresaptown</i>							
Mother's Maiden Name <i>Margaret McKenzie</i>								
Name of person giving information <i>Henry Hacker</i>	How related to deceased <i>Husband</i>							

Burn was caused by heat.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Burned.

(167)

How long *5 days*

Immediate

*Exhaustion*How long *5 days*

Are the name, age, sex, color, date and place correctly given above?

yes
Clothing took fire from accidental explosion of a bag of powder.

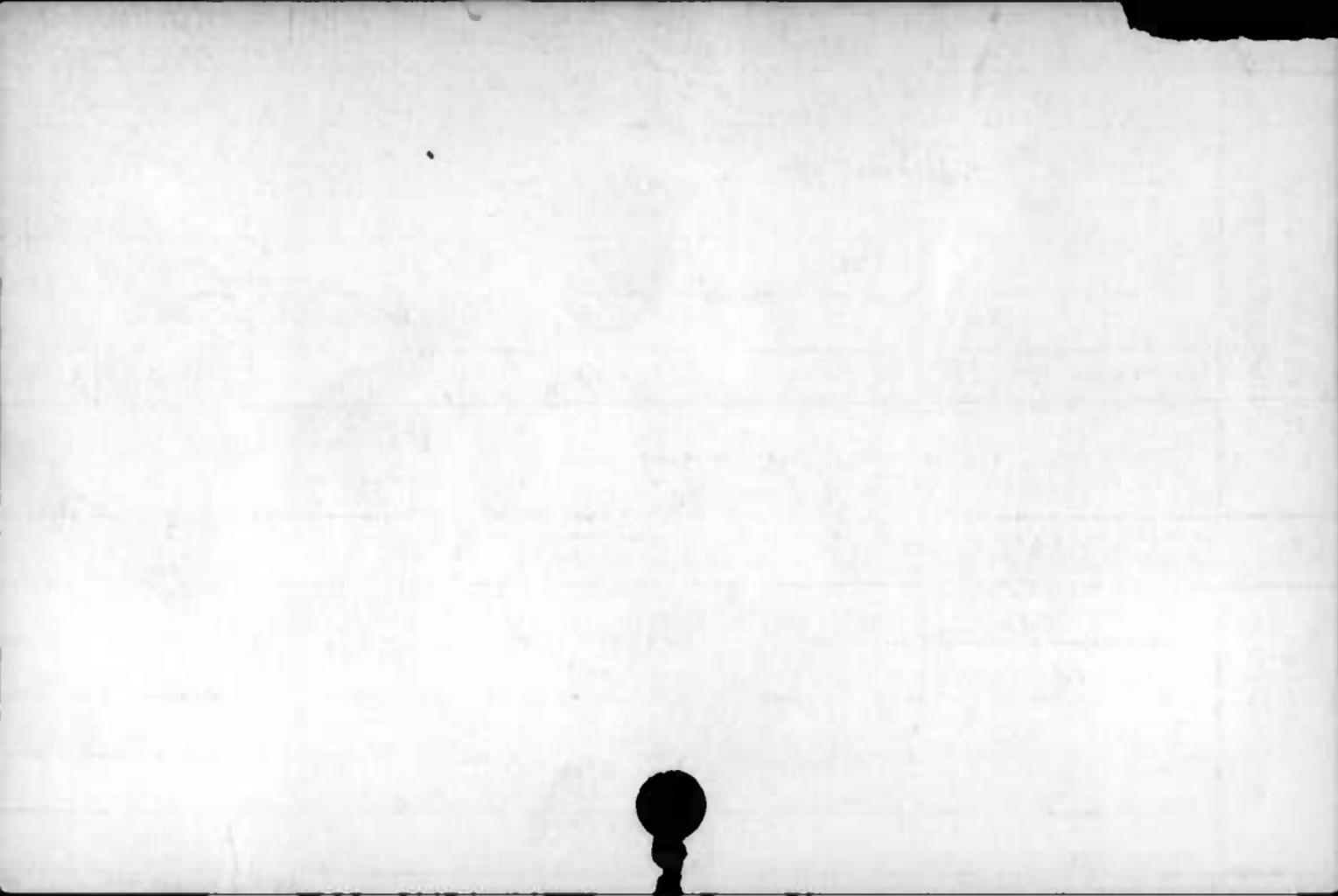
Signature of Physician

Address

James Q. Bullock
Sinemering Ma-

Accident or Suicide?

Accident



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles H. Hamill

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death 1907	Month May	Year 1907	Months 1 week 3 Days
Sex Male	Color or Race White	Birth-place Frostburg	
Occupation Restaurant keeper	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Laura Hamill	Father's Name Lewis W. Hamill	Father's Birthplace Baltimore Co.
Mother's Maiden Name Laura Clay		Mother's Birthplace Frostburg	
Name of person giving information Lulu R. Ryals		How related to deceased Niece	

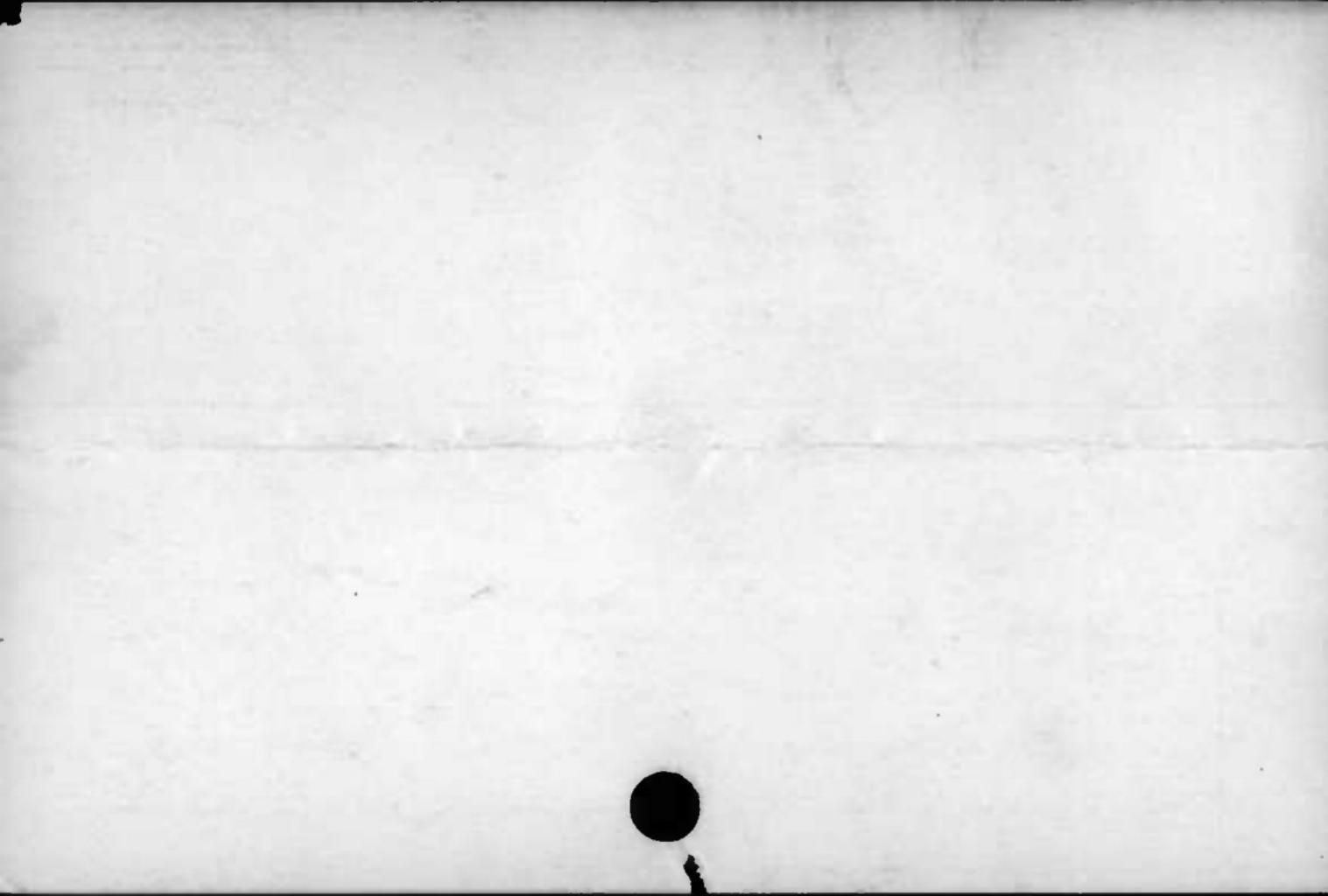
CAUSES OF DEATH

(120)

How long

How long

Primary	Intestinal nephritis	6 years
Immediate	Bacemic intoxication	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		J. C. Cobey
		Address
		Frostburg
Accident or Suicide?		No



Name
in
Full

Susan Ann Hanna

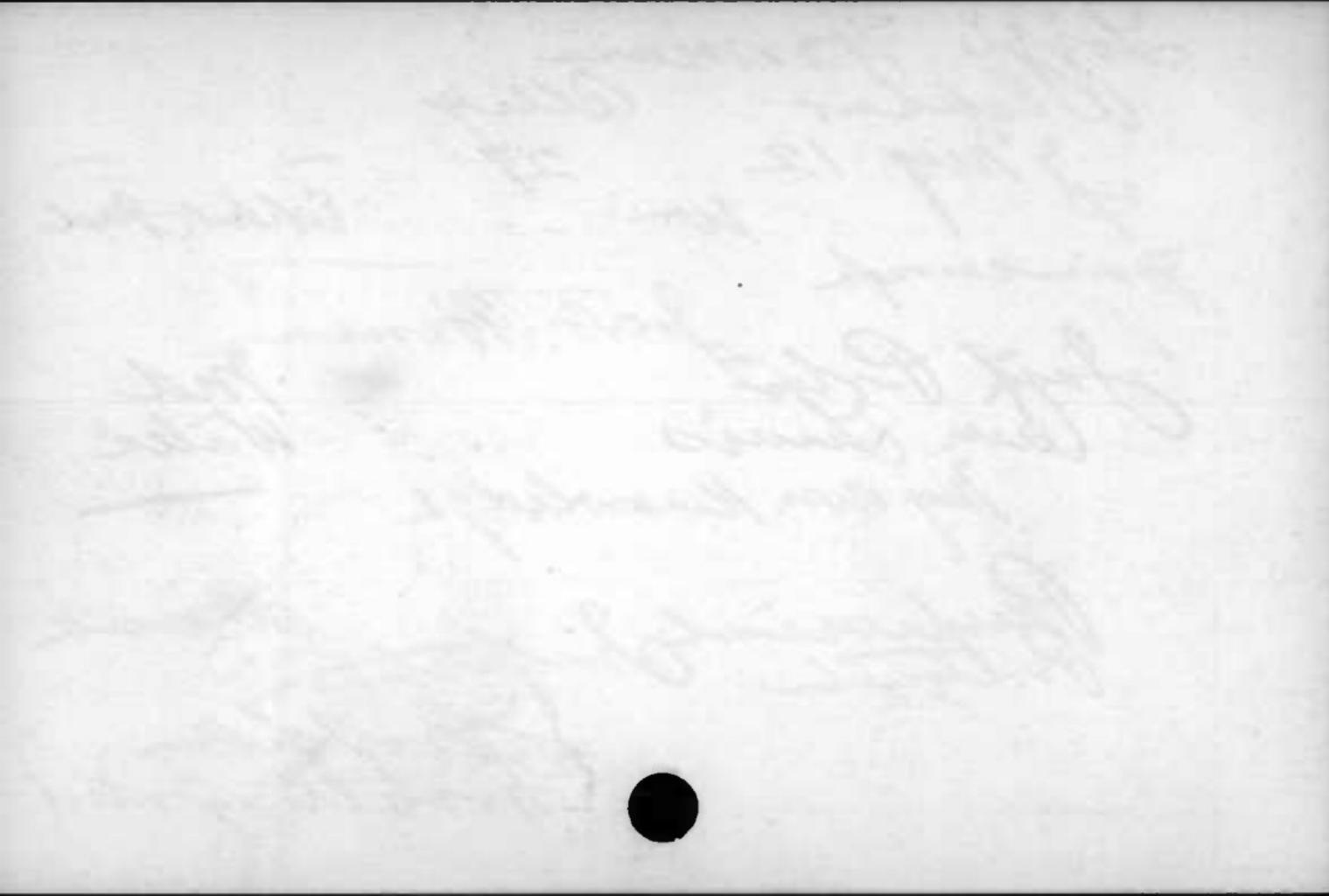
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1907	5	6	1 6 0
Sex	Age	Birth-place	
Occupation	Color or Race	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Tally E. Hanna	Father's Birthplace	md.
Mother's Maiden Name	Spelld May Knapp.	Mother's Birthplace	md
Name of person giving information	Stella May Knapp.	How related to deceased	Mother
CAUSES OF DEATH			
Primary	Broncho-Pneumonia	How long	92
Immediate		How long	10 days.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr W. M. Lane
		Address	Frostburg Md
Accident or Suicide?			

PHYSICIAN
OR CORONER





Name
in
Full

Lizzie Herman
Died at Town _____
Weekend Alley _____

CERTIFICATE OF DEATH

MARYLAND

Died at Month Day
Date of death 1905 May 12 Age Years Months Days
Sex Color or Race Birth-place

TO BE ANSWERED BY
NEAREST FRIEND

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
BirthplaceFather's
NameMother's
BirthplaceMother's
NameHow related
to deceasedName of person giving
Information

How long

CAUSES OF DEATH

137

Primary

Periperal Infection
Postmortem

Immediate

One week

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Cumberland</u> Town			County <u>Allegany</u>			MARYLAND			
Date of death <u>1907</u>	Month <u>May</u>	Day <u>14</u>	Age	Years	Months	Days			
Sex <u>Female</u>	Color or Race <u>White</u>				Birth-place	<u>Maryland</u>			
Occupation	Where Residing if not at place of death								
Married, Single or Widowed <u>Single</u>	Name or Wife or Husband								
Father's Name <u>Charles Hinkle</u>			Father's Birthplace <u>Maryland</u>						
Mother's Maiden Name <u>Minnie Jones</u>			Mother's Birthplace <u>Maryland</u>						
Name of person giving Information <u>Minnie Hinkle</u>			How related to deceased <u>Mother</u>						
CAUSES OF DEATH									
Primary	<u>Still born</u>								
Immediate	<u>Unknown</u>								
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	<u>W. R. Hodges</u>				
				Address	<u>Cumberland, Md.</u>				
Accident or Suicide?									



Name
in
Full

Ella Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1907	May	21	3	-	-	
Sex	Color or Race	Where Residing if not at place of death				
Female	Colored	Cumberland				
Occupation						
Married, Single or Widowed	Name of Wife or Husband					
Single	-					
Father's Name	Harry Jackson					Father's Birthplace
Mother's Maiden Name	Lena Leavens					Mother's Birthplace
Name of person giving Information	Harry Jackson					How related to deceased
9						

CAUSES OF DEATH

(Primary) Diphtheria - acute nephritis
(Immediate) Uraemia

How long 3 weeks
How long one day

Are the name, age, sex, color, date and place correctly given above?

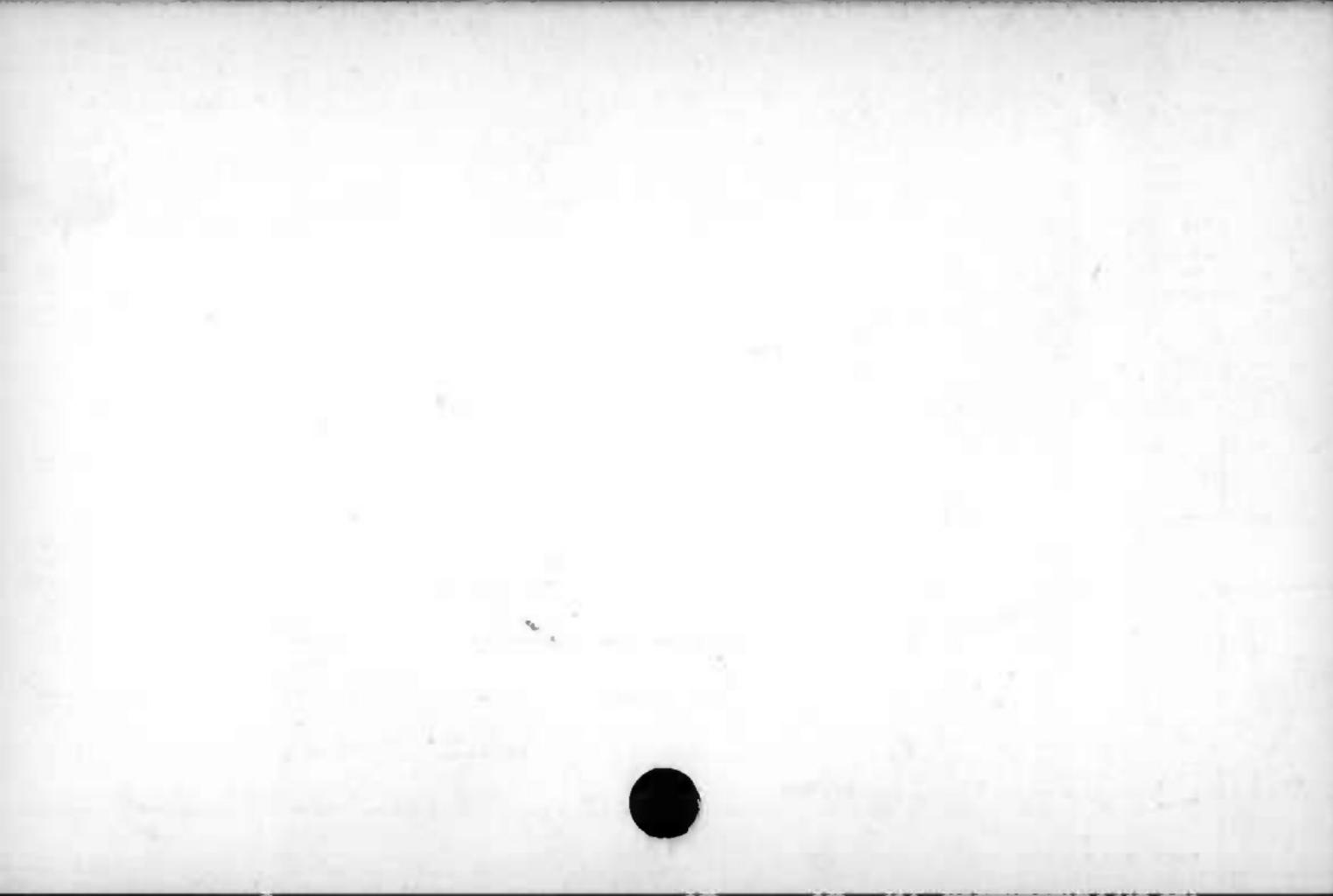
yes

Signature of Physician

Address

S. S. Bush
Cumberland Md

Accident or Suicide?



Name
in
Full

Jacob Lashley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Don't Know		Father's Birthplace	Don't Know		
Mother's Maiden Name	"	"	Mother's Birthplace	"	"	"
Name of person giving Information	Thos. B. Lashley		How related to deceased	Son.		

CAUSES OF DEATH

Primary

Old Age

(154)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A.P. Jarvis

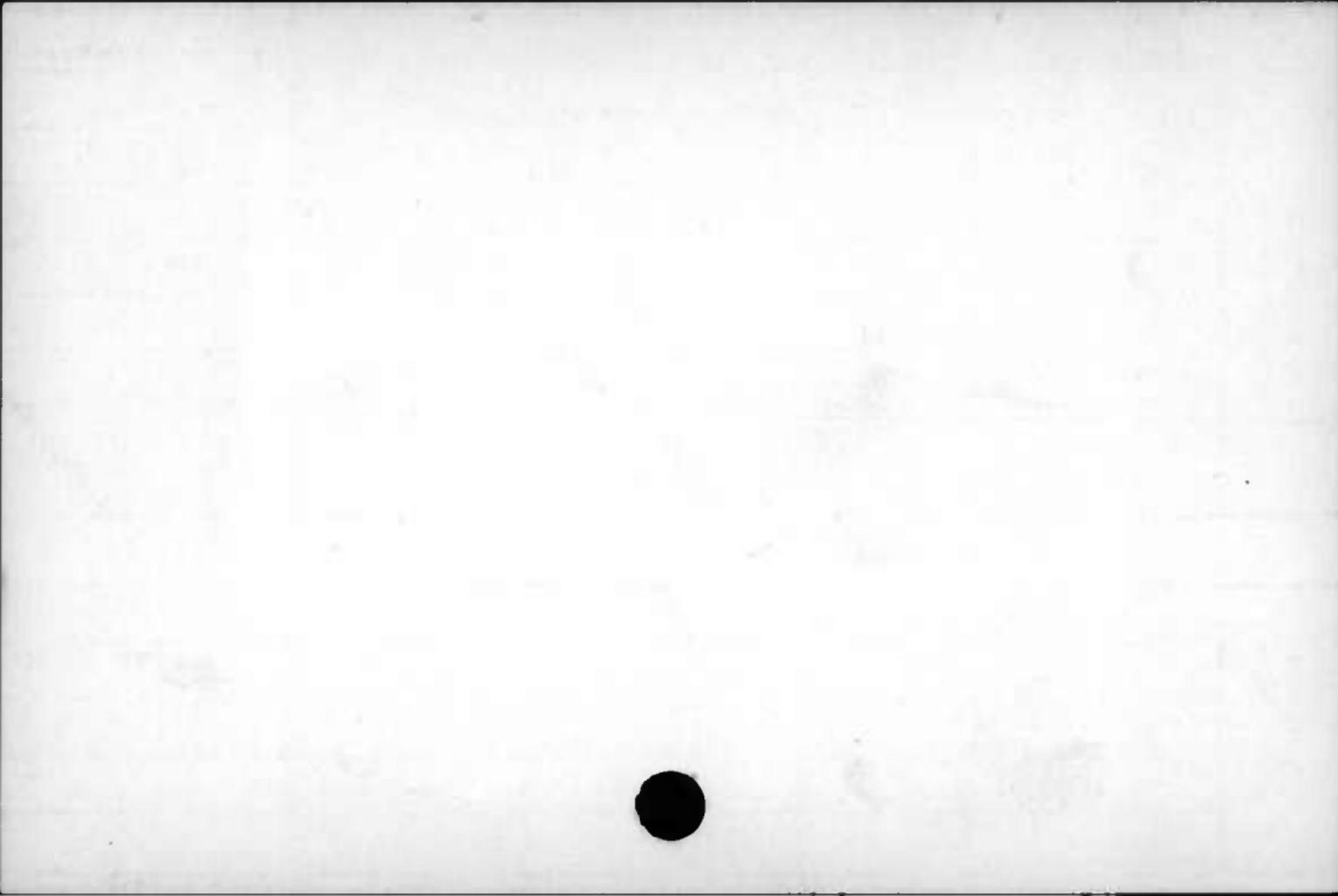
Address

Flintstone Md

(CHB)

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

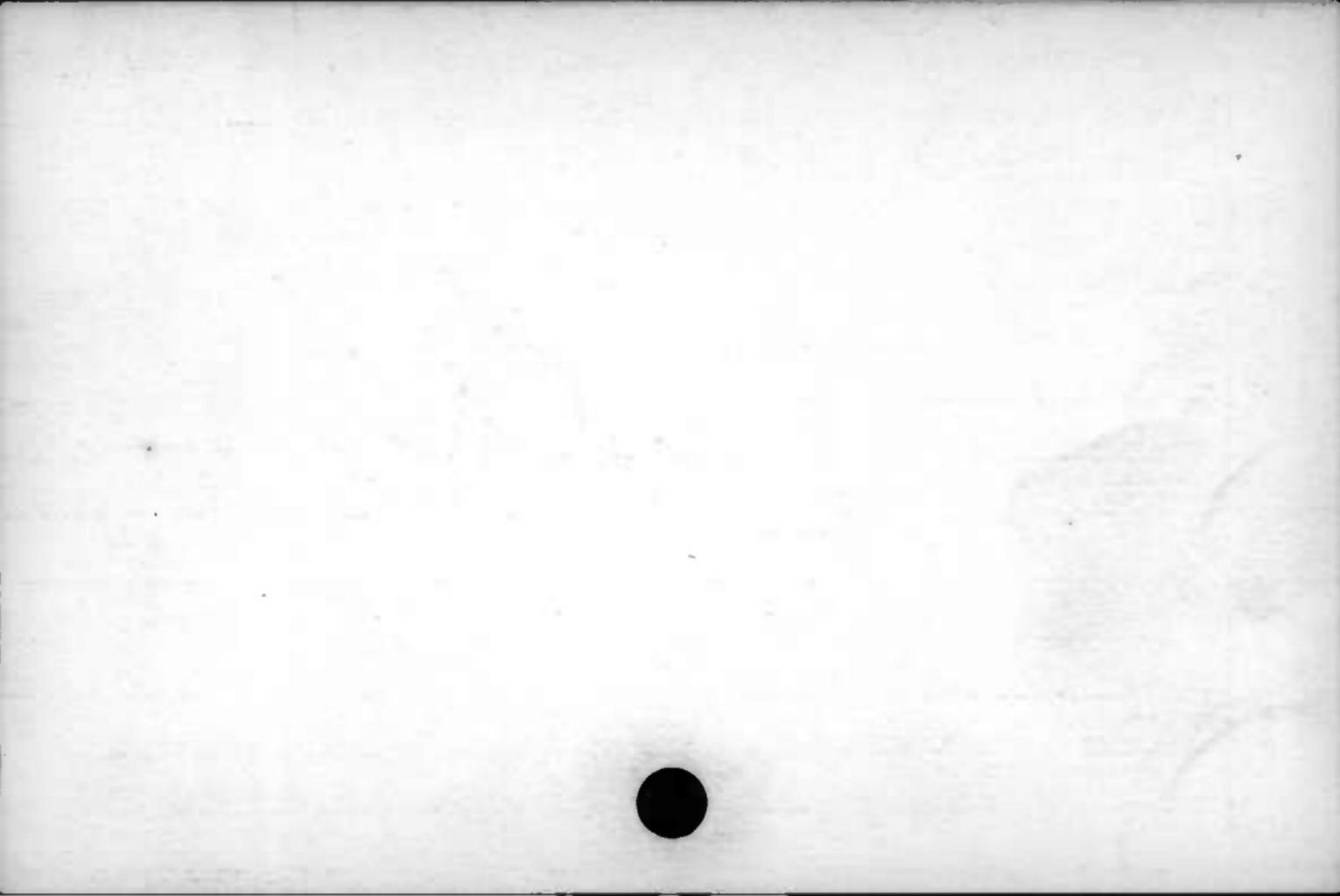
PHYSICIAN
OR CORONER

6

Thomas B. Lebuyer.

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	—				
Mother's Maiden Name	Rose Vaughan				
Name of person giving information	A. J. W. Schopfield				
CAUSES OF DEATH					
Primary	Acute meningitis			How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			John A. Watson M.D. Frederick Md.		
Address					
Accident or Suicide?					



Name
in
Full

Samuel A. Lewis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month May	Day 4	Years 27-	Months 7	Days -
Sex Male	Color or Race White	Birth-place Paw Paw W. Va.			
Occupation Labourer	Where Residing if not at place of death Green St.				
Married, Single or Widowed Married	Name of Wife or Husband Mollie. Lewis	Father's Birthplace P. Va.			
Father's Name Jessie Lewis	Mother's Maiden Name Elizabeth Moreland	Mother's Birthplace P. Va.			
Name of person giving Information Josiah F. Lewis	How related to deceased Brother.				

CAUSES OF DEATH

166

Primary Accidental of a Wall falling on him
How long

Immediate Immediate
How long

Are the name, age, sex, color, date and place correctly given above?

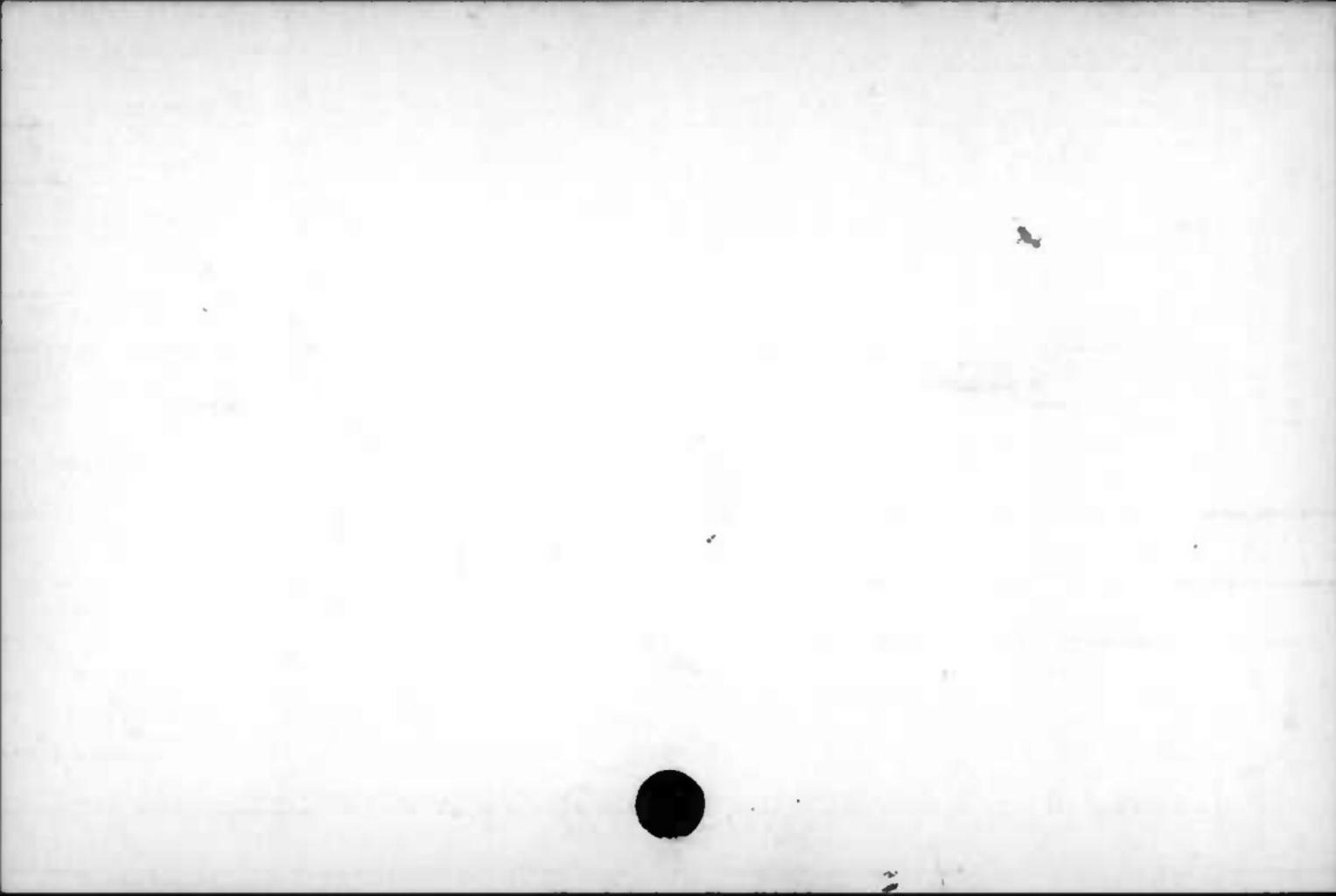
Signature of Physician

Address

G H Maiz Coroner
Cumberland Md

✓
PHYSICIAN
OR CORONER

el
Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	190	Month May	Day 28	Years 80	Months	Days	
Sex	Male	Color or Race	Where Residing if not at place of death				
Occupation	Merchant						
Married, Single or Widowed	Married	Name of Wife					
Father's Name	James George		Father's Birthplace				
Mother's Maiden Name	Margaret Thompson		Mother's Birthplace				
Name of person giving Information	Robert Lorr		How related to deceased				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Chronic Intestinal Nephritis

How long

About two years

Immediate

Cerebral Convulsions

How long

48 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

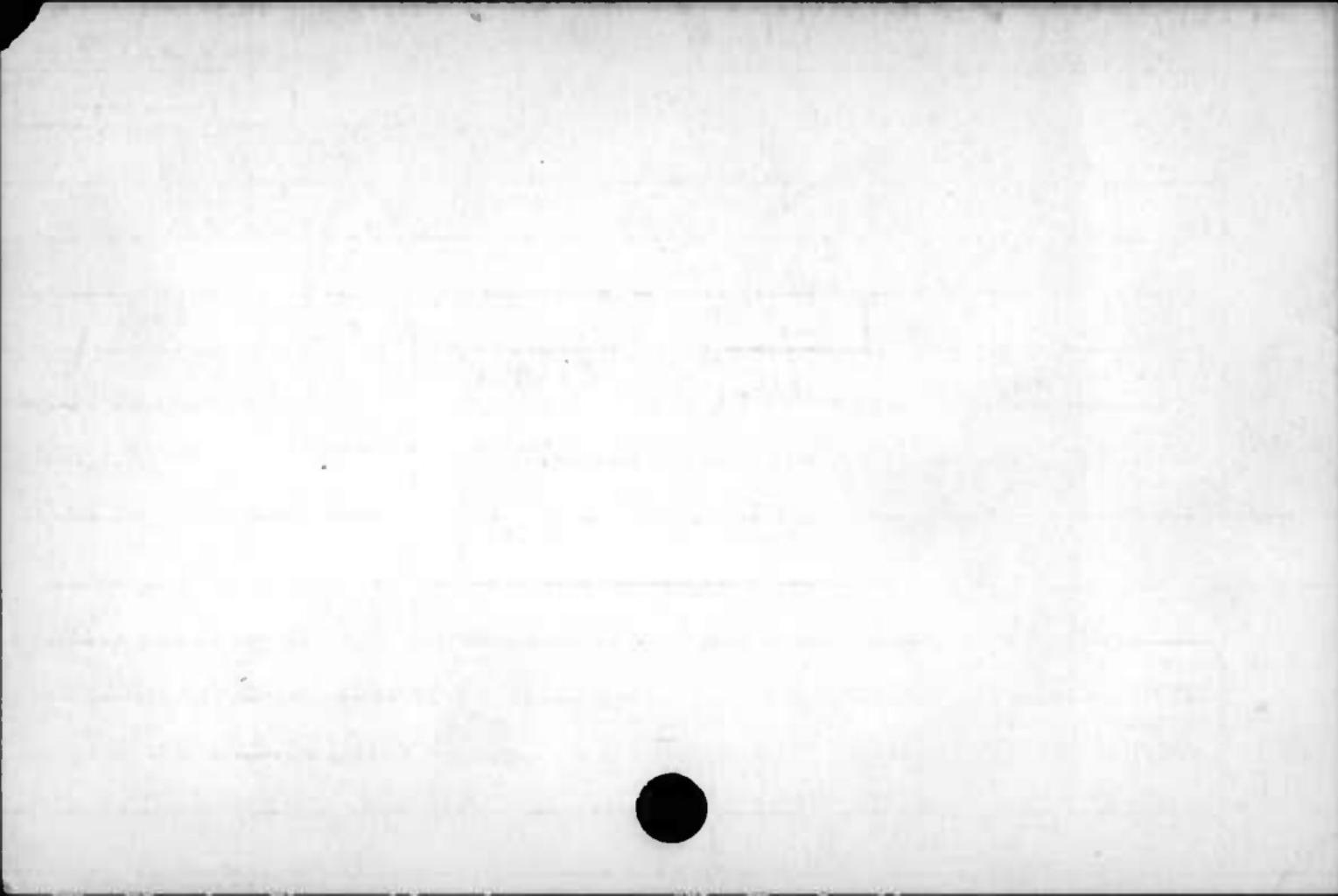
Address

E. G. Skilling M.D.

Levittown

Accident or Suicide?

No



Name
in
Full

Barbara Lutz

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

Frostburg

County

Hillary County

Date
of death

1907

Month

May

Day

23

Age

Years

75

Months

3

Days

16

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

Spouse/wife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Frederick Lutz

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

J. G. Lutz (91)

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile Dementia

How long

Continuous

Immediate

Bronchitis & Cardiac

How long

Intermittent

Are the name, age, sex, color, date
and place correctly given above?

Yes

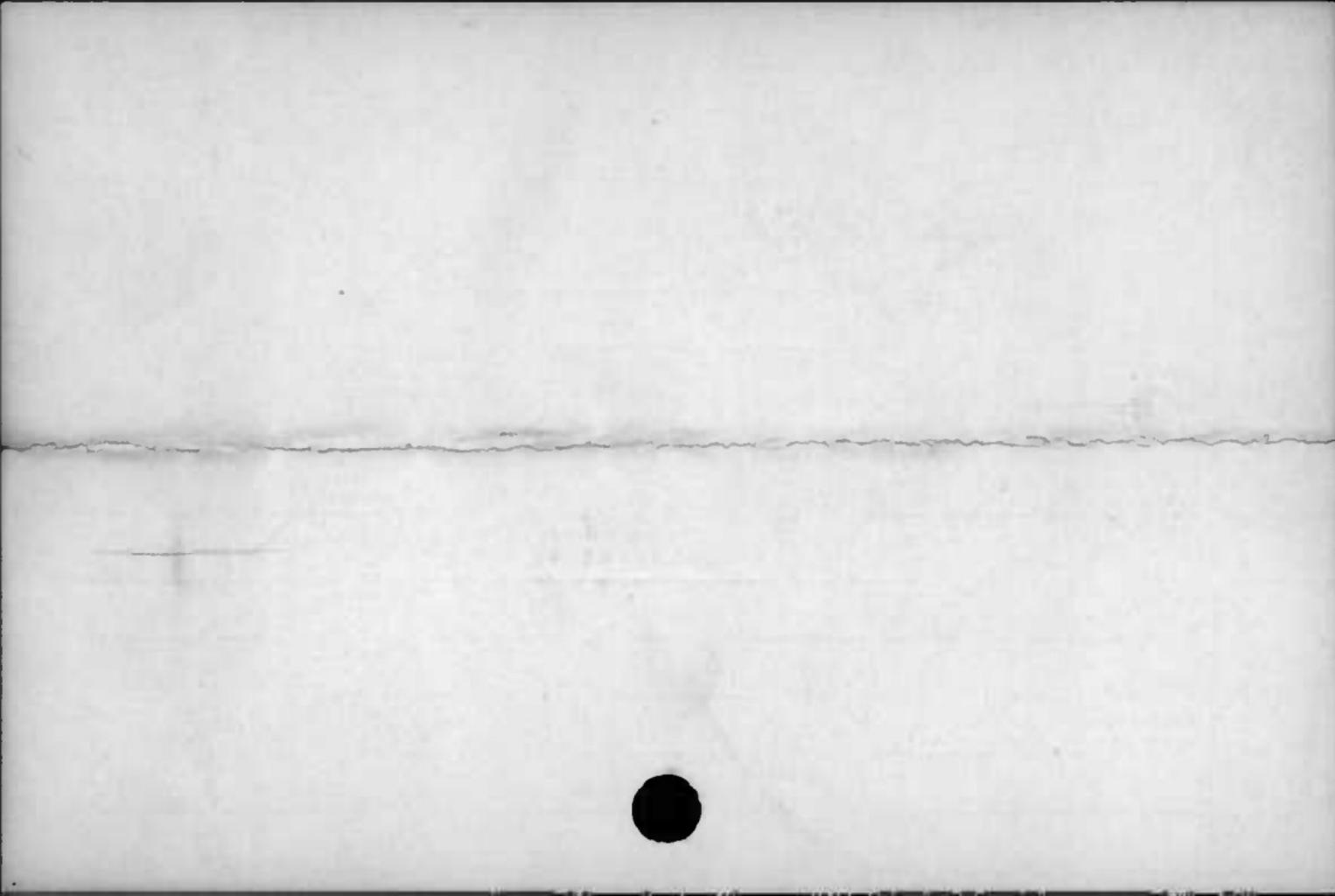
Signature of
Physician

Address

J. G. Lutz
Frostburg Md.

Accident or Suicide?

11



Name
in
Full

Francis M. McDonough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lonaconing</u>		County <u>Alleghany</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>May</u>	Day <u>9</u>	Age <u>—</u>	Years <u>—</u>	Months <u>4</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Lonaconing</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>18 Lonaconing</u>				
Father's Name <u>William M. McDonough</u>	Mother's Maiden Name <u>Francis Farrel</u>	Mother's Birthplace <u>W. Scarsdale</u>				
Name of person giving Information <u>Mrs. M. McDonough</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

178

How long

W. A. S.

PHYSICIAN
OR CORONER

Primary

Card Sudden

Immediate

Probably Asphyxiation

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

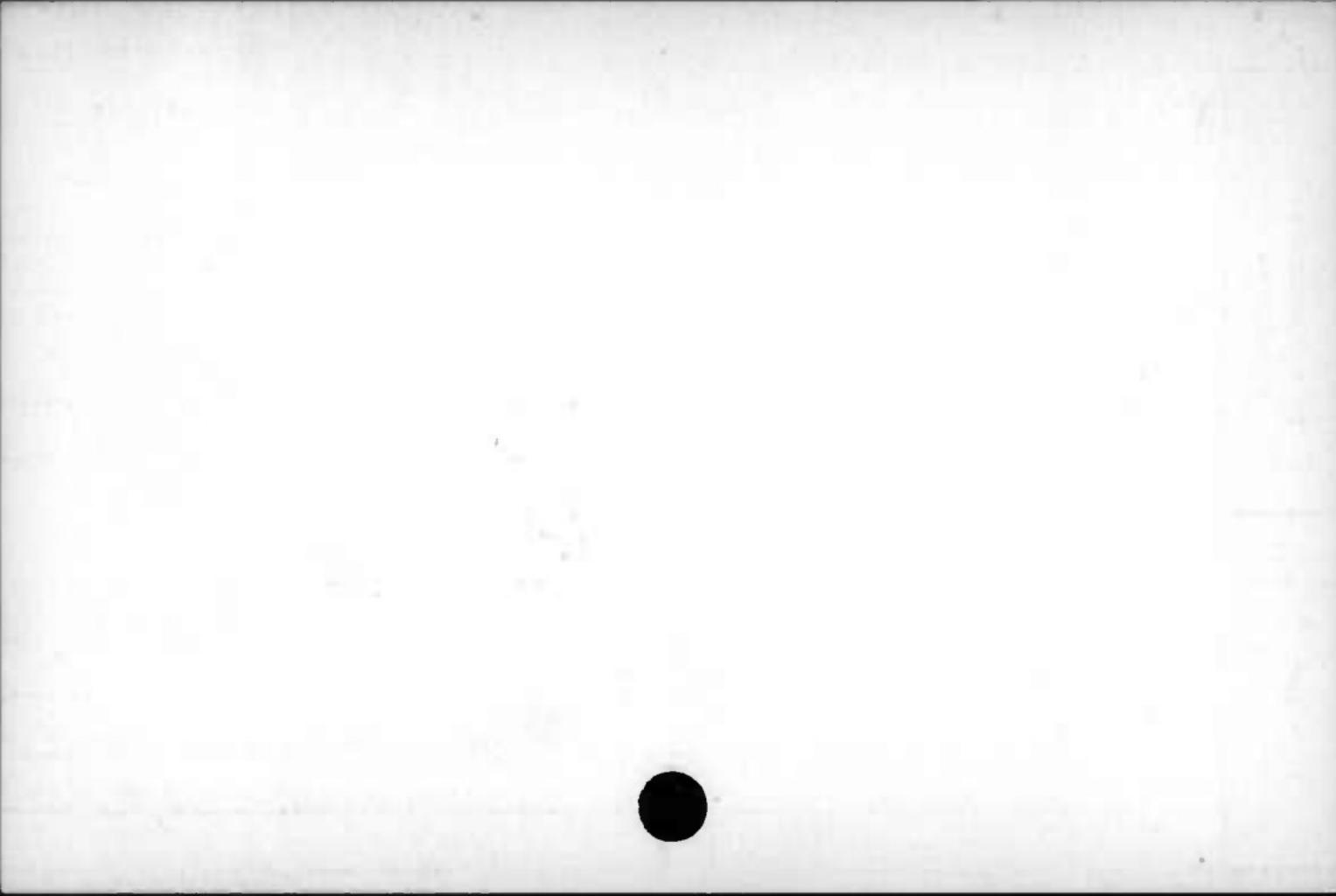
Signature of Physician

Address

James Q. Bullard M.D.
Lonaconing Md.

Accident or Suicide?

No



Name
in
Full

Oliver Evalouise McElroy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Carrollton</u>		Town	County <u>Anne Arundel</u>		MARYLAND		
Date of death <u>1907 May 10</u>	Month	Day	Years <u>7</u>	Age	Months <u>11</u>	Days <u>28</u>	
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Burleigh Branch</u>					
Occupation		Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <u>Ervin McElroy</u>			Father's Birthplace <u>Anne Arundel</u>				
Mother's Maiden Name <u>Bertha Hinkley</u>			Mother's Birthplace <u>Anne Arundel</u>				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

Primary

Measles

(6)

How long

10 days

Immediate

acute meningitis

How long

2 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

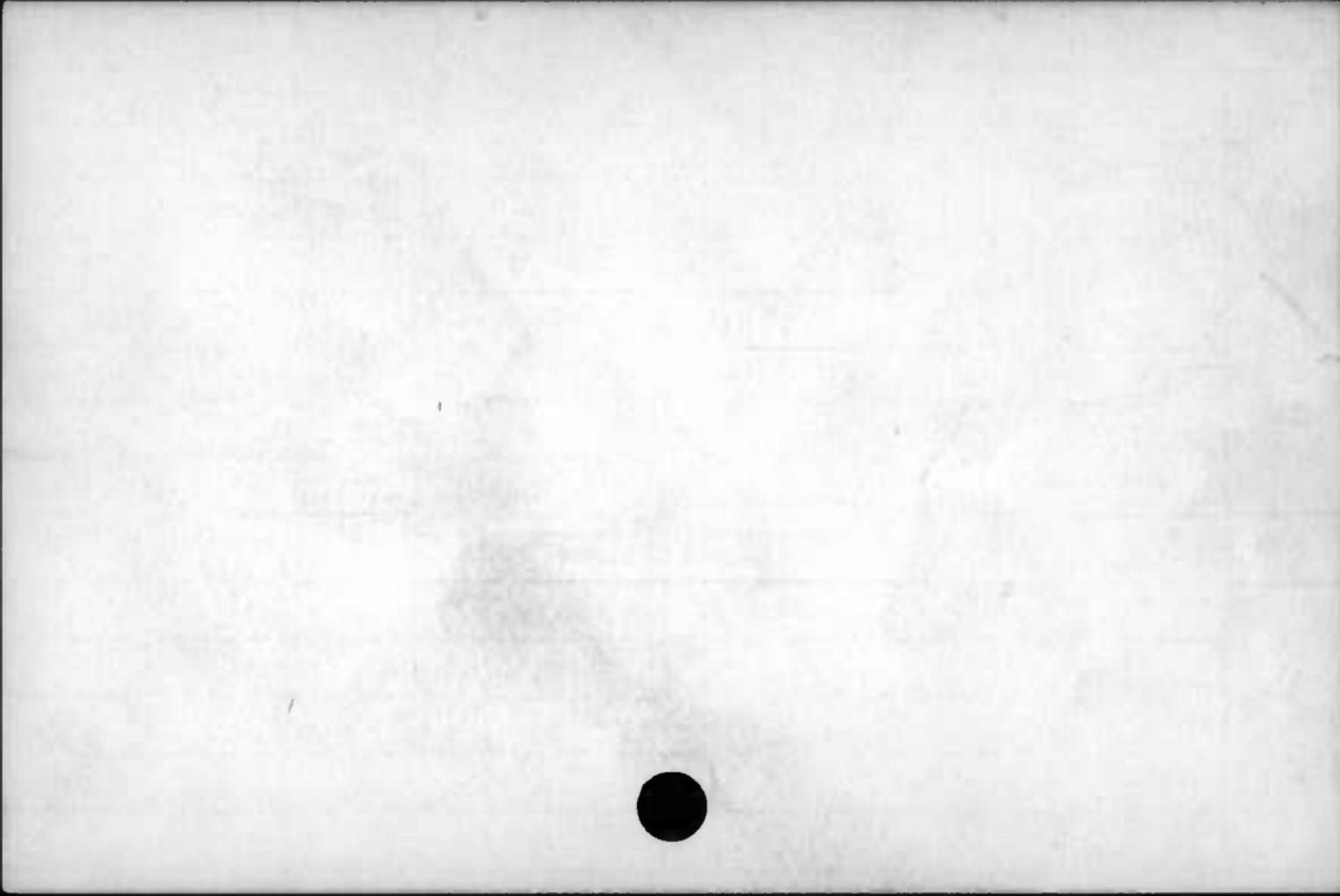
yes

Signature of Physician

Address

J. W. McElroy
Anne Arundel Md.

Accident or Suicide?



Name
in
Full

Joseph McFerson

CERTIFICATE OF DEATH

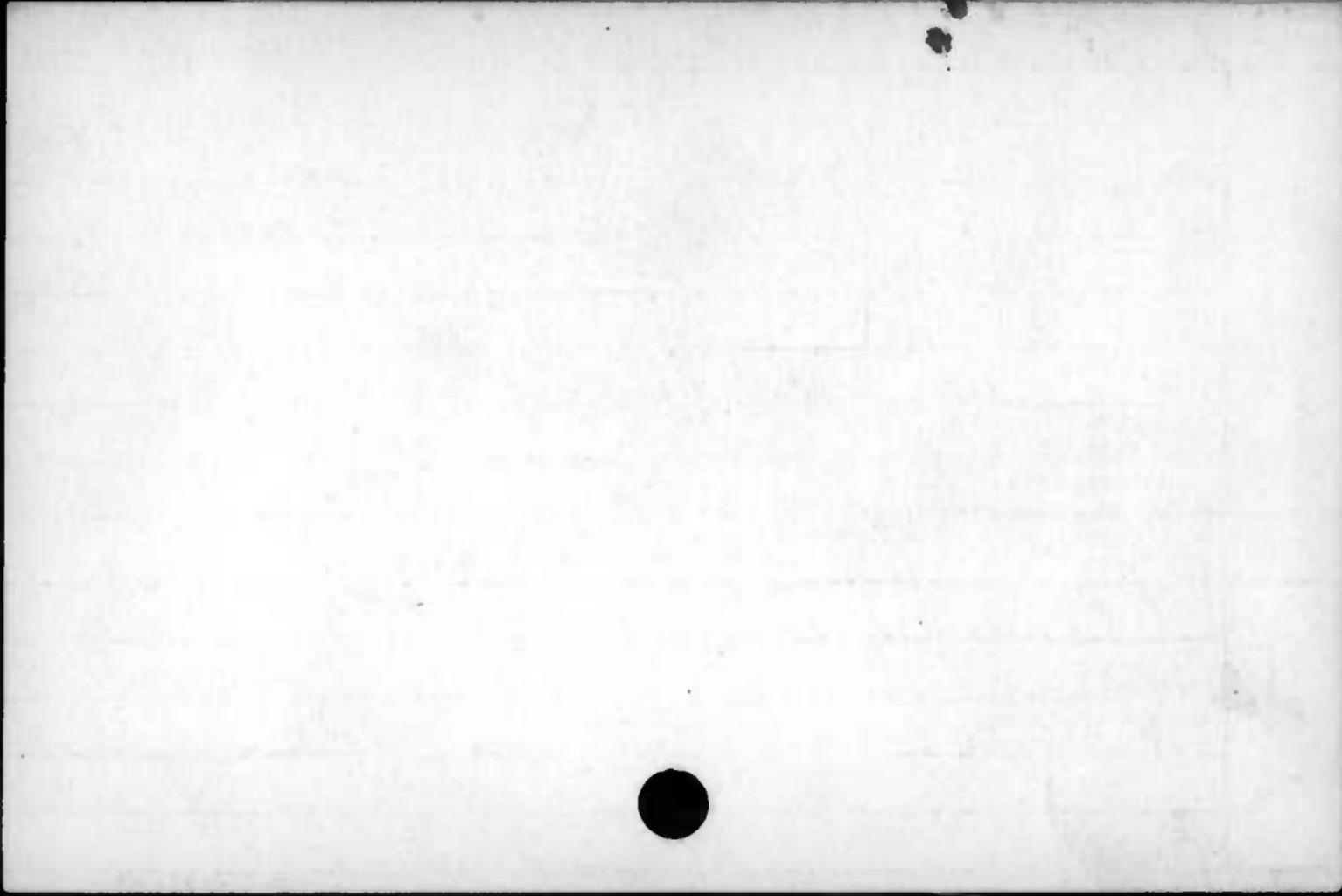
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 5	Day 21	Age 69	Years	Months Days
Sex Male	Color or Race White	Birth-place Frederick			
Occupation Lawyer	Where Residing if not at place of death -				
Married Single	Name of Wife or Husband -				
or Widowed	Lin Kneen	Father's Name	John Kneen		
Father's Name	Lin Kneen	Mother's Name	John Kneen		
Mother's Maiden Name	" " "	How related to deceased	" " "		
Name of person giving information	Dr Brodrup	How long			

CAUSES OF DEATH

164

PHYSICIAN OR CORONER	Primary	Fractured thigh R.R. accident.	How long	3 weeks
	Immediate	Hypostatic congestion lungs	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A.H. Hawkins	
(Yes?)		Address	Columbus Hotel	
953				
Incident or Suicide?				



Name
in
Full

Infant of Harry McQuay

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1907	May	25	Age —
Sex	Color or Race	Birth-place	Days
male	white	Camdol	one
Occupation	—	Where Residing if not at place of death	—
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Md
Single	—	Mother's Birthplace	WPa
Father's Name	Harry McQuay	How related to deceased	Father
Mother's Maiden Name	Bessie Mc Bay	How long	1 day
Name of person giving Information	Harry Mc Quay.	How long	1 day

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Mrs. Catherine Manuel.
G H Mch, Sonner

Accident or Suicide?

Premature Birth

Marsella.

Name
in
Full

Addison Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	Place			MARYLAND
Date of death	Month	Day	Years	Months	Days
1907 May	3	Age	56	-	-
Sex	Color or Race	Birth-place			Virginia
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Dilla Miller			
Father's Name	Dont Know			Dont Know	
Mother's Maiden Name	Dont Know			" "	
Name of person giving Information	Joseph Miller			Son	

CAUSES OF DEATH

93

How long

1 year

ten days

Primary

Chronic Bright's disease

Immediate

Pneumonia

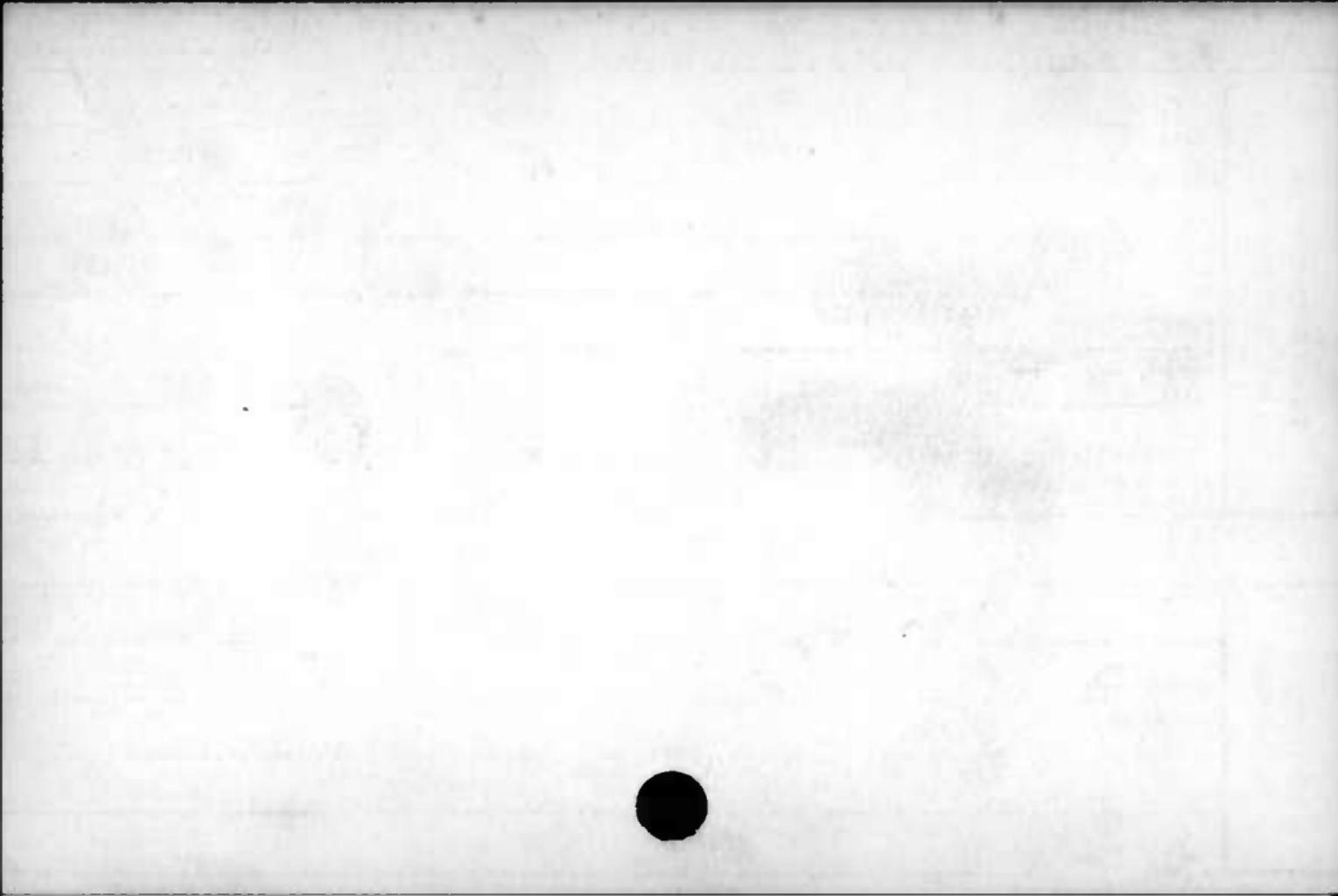
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Spyrgon H. Sand, M.D.
63 N. Mechanic St
Circleville, Licking Co.

Accident or Suicide?



Name
in
Full

Mary Mitchell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Eckhart mines Allegheny			County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days		
Sex	Female	Color or Race	white		Birth-place	Scotland		
Occupation	Housewife	Where Residing if not at place of death			X X X			
Married, Single or Widowed	Name of Wife or Husband	Frank Mitchell						
Father's Name	John Stewart				Father's Birthplace Scotland			
Mother's Maiden Name	Mary Reed				Mother's Birthplace Scotland			
Name of person giving Information	Mr. Mitchell				How related to deceased Husband			

CAUSES OF DEATH

199

Primary	Death sudden, without warning		
Immediate	probably from fatty heart.		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	B.M. Cowan M.D.
		Address	Eckhart mines Md.
Accident or Suicide?			



Name
in
Full

John Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	not known	
Father's Name	not known		
Mother's Maiden Name	" "	not known	
Name of person giving Information	G.S. Butler	How related to deceased	

CAUSES OF DEATH

PHYSIAN
OR CORONER

Primary

166

How long

Immediate

Rail Road accident

How long

immediately

Are the name, age, sex, color, date and place correctly given above?

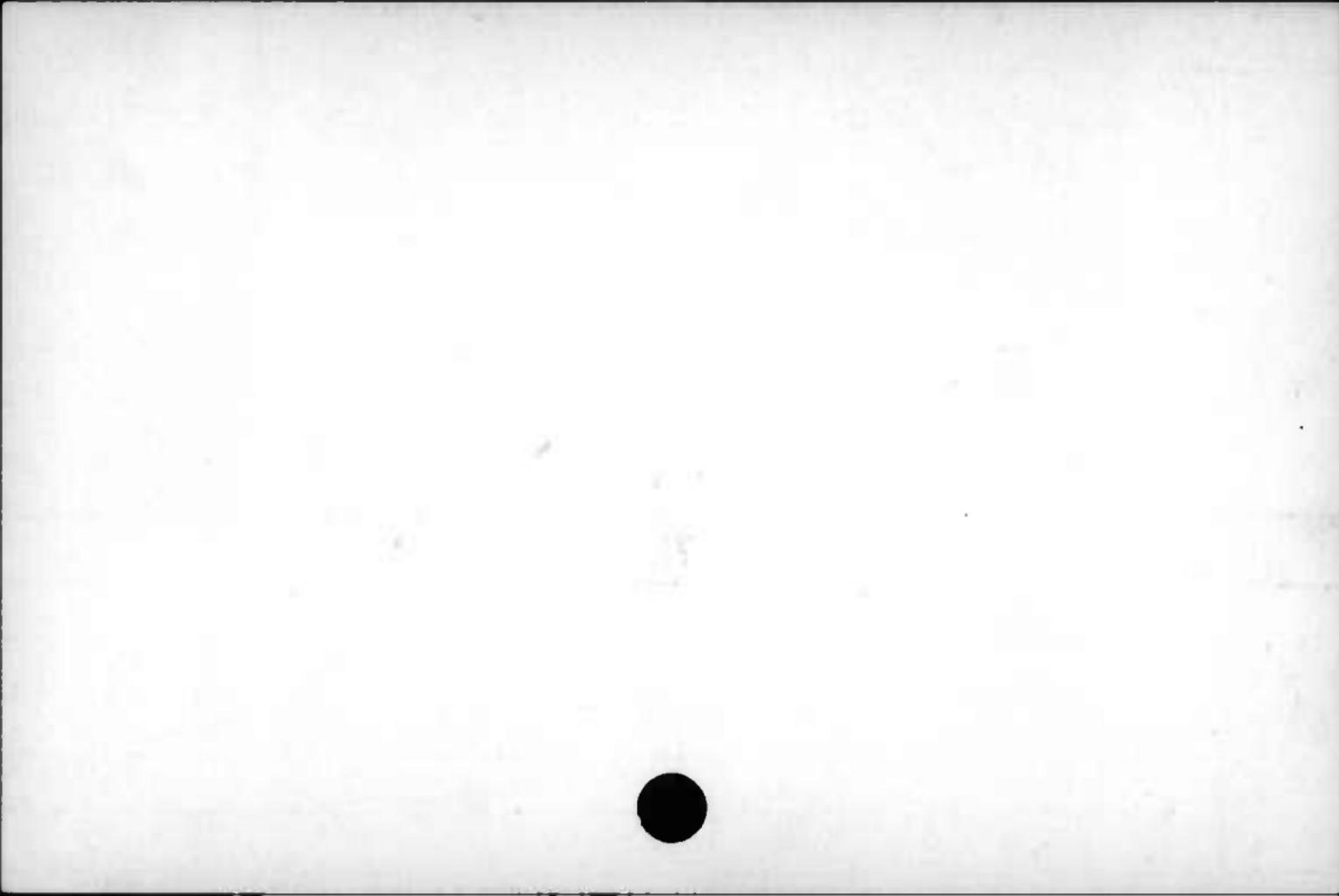
Signature of Physician

Address

G.H. Matz Coroner
Cumberland

G.B

Accident or Suicide?



Name
in
Full

William Weston Morris

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

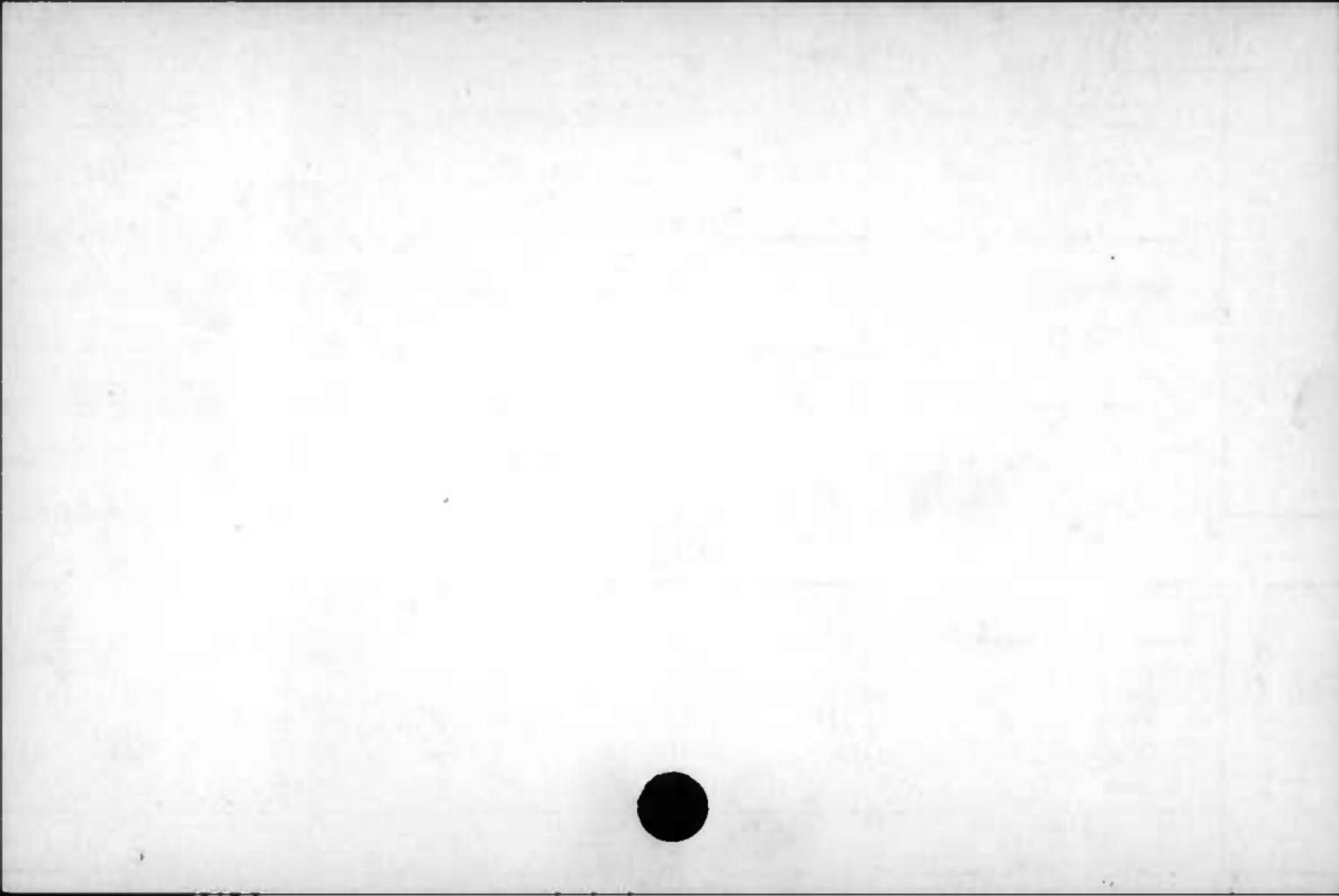
Died at	Town	County	MARYLAND		
Date of death 1907	Month May	Day 2nd	Years 32	Months 6	Days 3
Sex male	Color or Race white	Birth-place Md.			
Occupation R.R. Conductor	Where Residing if not at place of death				
Married, Single or Widowed married	Name of Wife or Husband Mrs Clara Thayer				
Father's Name Joseph W. Morris	Father's Birthplace Md.				
Mother's Maiden Name Maria J. Mann	Mother's Birthplace Pa				
Name of person giving Information Mrs Clara Morris	How related to deceased Wife				

CAUSES OF DEATH

(27)

Primary	Tuberculosis		How long 2 yrs -
Immediate	Exhaustion		How long 3 mos
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician P. L. Devereux M.D.	
		Address	Cumberland
Accident or Suicide?		no -	

✓
PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John F. ObaKer -

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1907	5	25	44	
Sex	Color or Race	Birth- place		
Male	White	Hagerstown		
Occupation	Where Residing if not at place of death	Cumberland		
Married, Single or Widowed	Name of Wife or Husband	Nancy Zorn		
Father's Name	Henry ObaKer	Father's Birthplace	America	
Mother's Maiden Name	Eliza Legganyeyer	Mother's Birthplace	Poland	
Name of person giving Information	Nancy Zorn -	How related to deceased	Wife	

CAUSES OF DEATH

(166)

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Rail Road accident

How long

Are the name, age, sex, color, date
and place correctly given above?

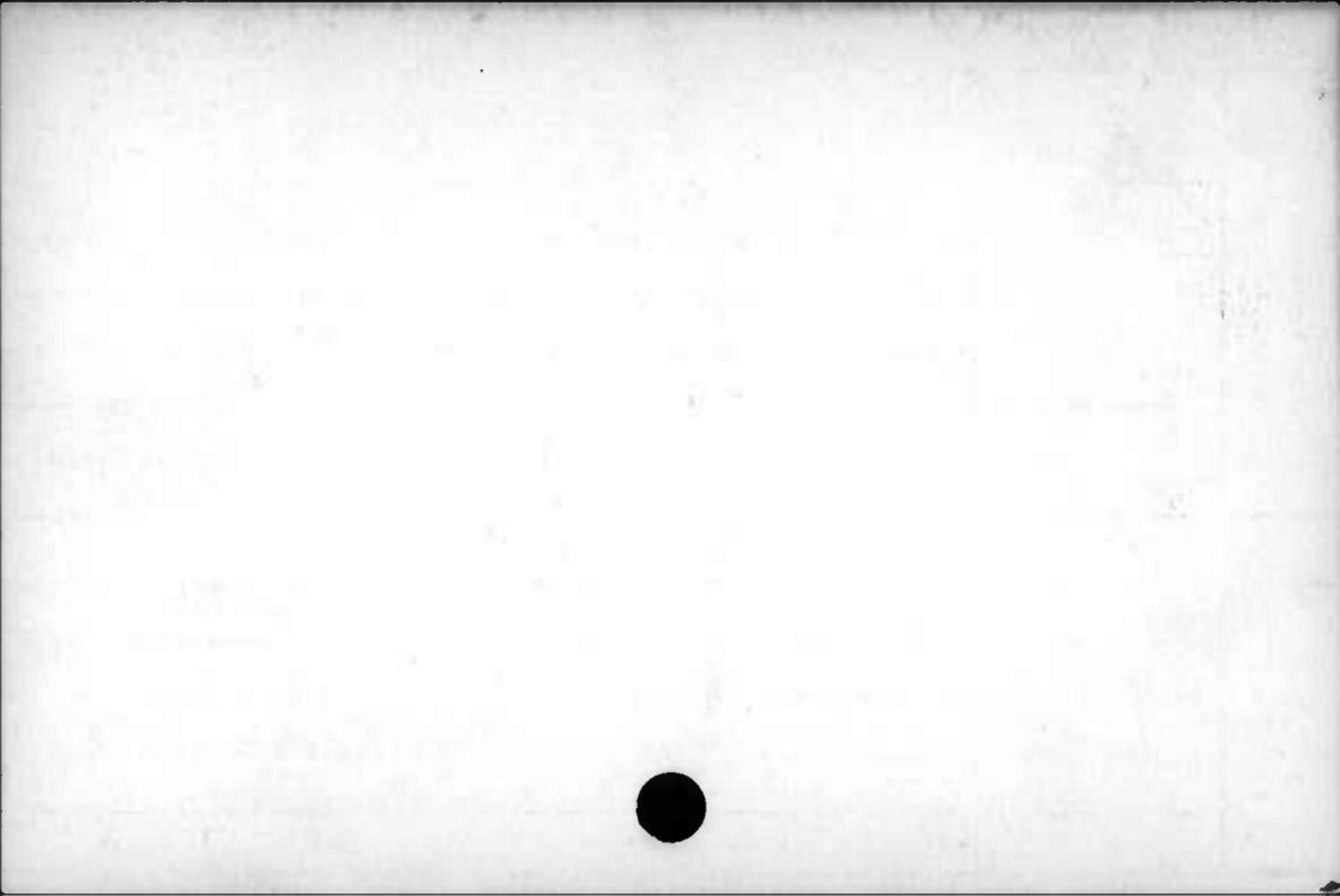
Signature of
Physician

Address

J. H. Mary Coroner
Hagerstown, Md.

Accident or Suicide?

accident -



Name
in
Full

Kate Orr

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month May	Day 20	Years 82	Months -	Days -	
Sex	Female	Color or Race	White	Birthplace	England		
Occupation	Retired	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband	Robert Orr				
Father's Name	Andrew Fuller		Father's Birthplace	England			
Mother's Maiden Name	Dont Know		Mother's Birthplace	England			
Name of person giving Information	Walter Powell		How related to deceased	Son			

CAUSES OF DEATH

Primary

Cancer

(45)

How long

2 yrs

Immediate

Exhaustion

How long

2 weeks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

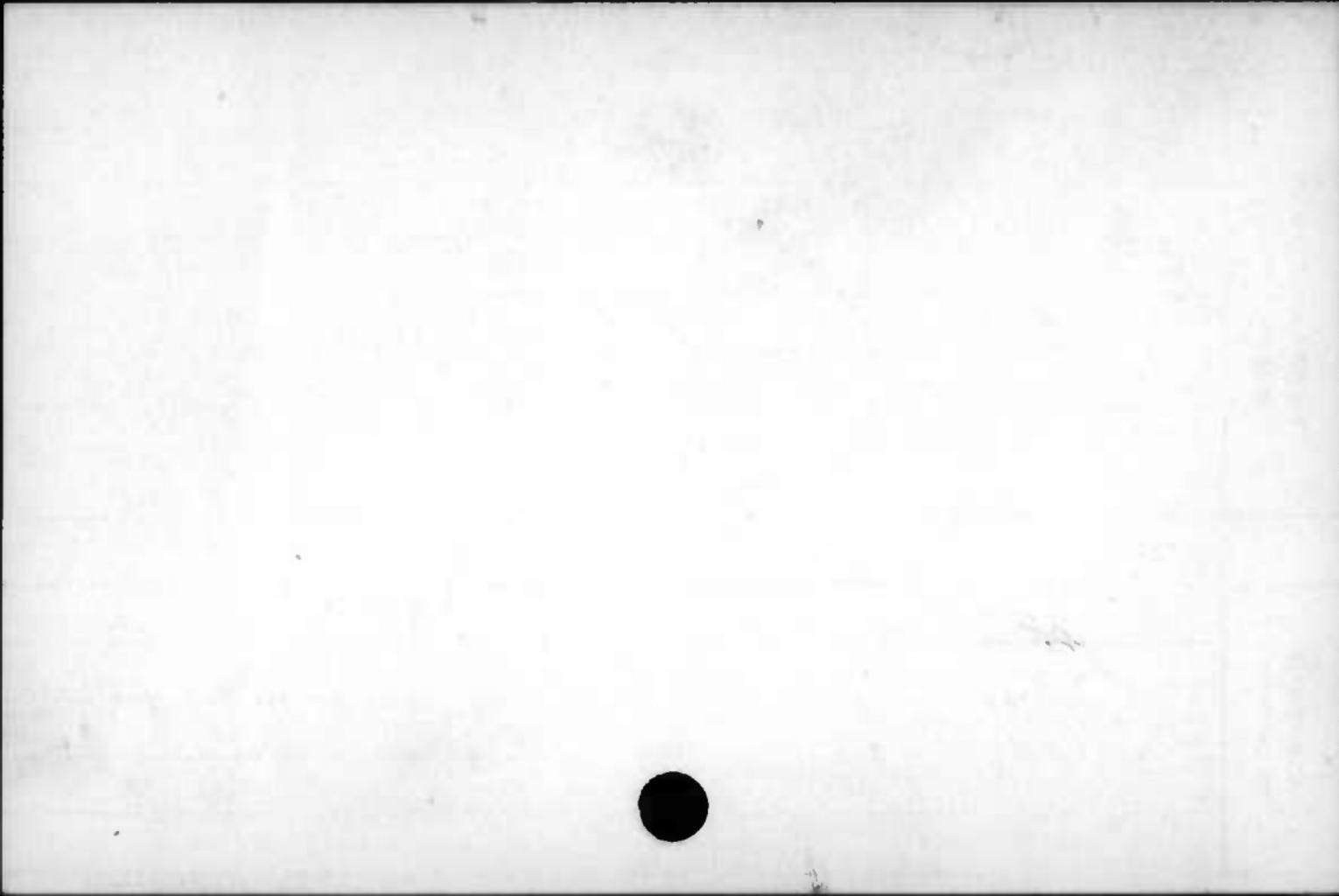
Signature of Physician

Address

Off Braemore &
Cumb

Ma

Accident or Suicide?



Name
in
Full

John W Porsch

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at	Gambrland Allegany		
Date of death	Month	Day	Years
1907	May	16	53
Sex	Color or Race	Birth-place	
Male	White	Germany	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	
Married	Maria Nolrich	—	
Father's Name	Do not know	Father's Birthplace	Germany
Mother's Maiden Name	Do not know	Mother's Birthplace	Germany
Name of person giving Information	Maria Porsch	How related to deceased	Wife

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Saphtritis

(120)

How long

2 or 3 yrs

Immediate

Stomach

How long

3 day s

Are the name, age, sex, color, date
and place correctly given above?

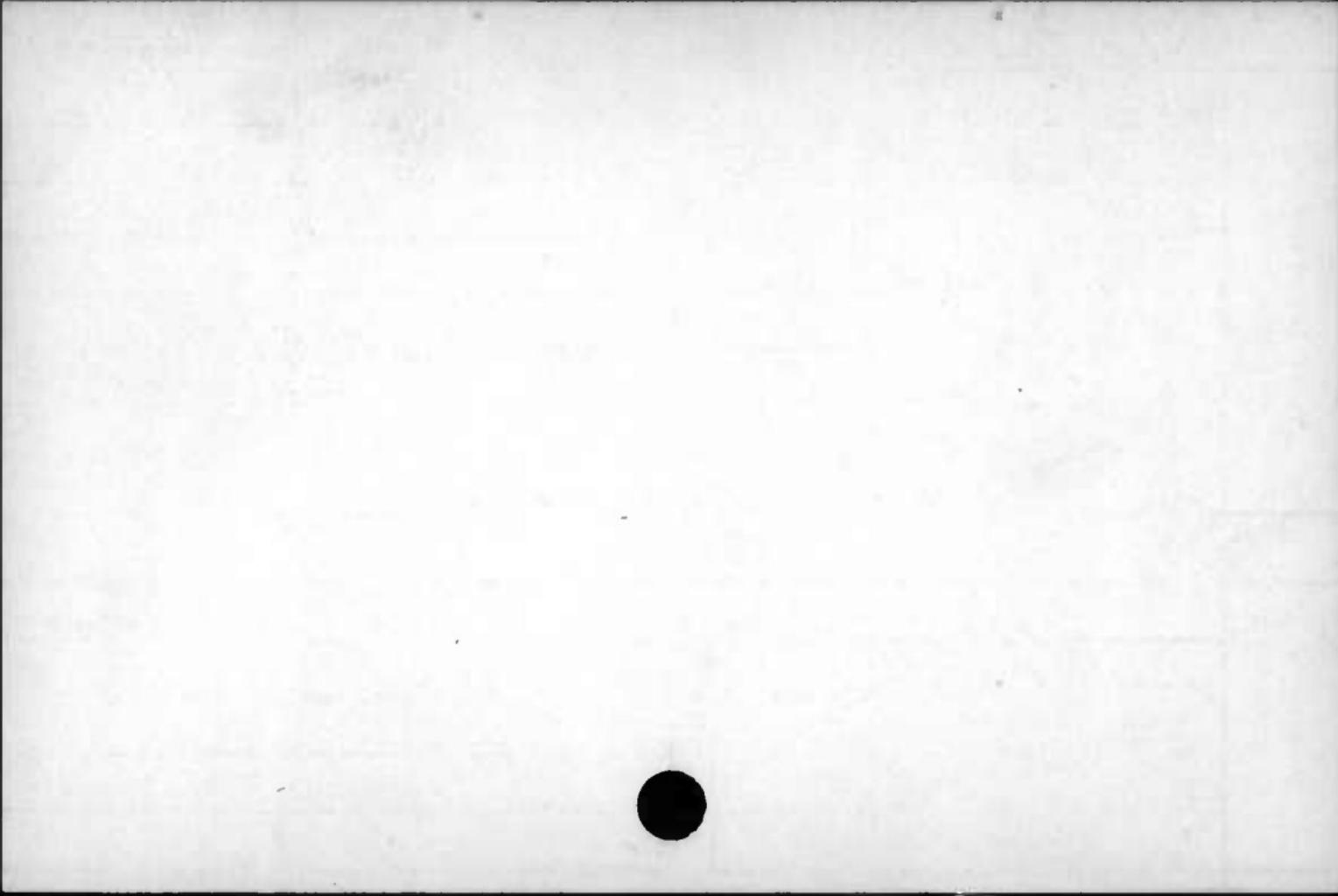
JWS

Signature of
Physician

Address

Dr. J. F. G. Porsch
Gambrland Bldg
MD

Accident - Suicide?



Name
in
Full

Fannie Chied of Mrs Preston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1907	Month 5	Day 24	Years — Months — Days 9 hours.
Sex F.	Color or Race N.	Birth-place Md	
Occupation Chied	Where Residing if not at place of death	/	
Married, Single or Widowed Single	Name of Wife or Husband	/	
Father's Name William Preston	Father's Birthplace Md	/	
Mother's Maiden Name Sarah Caulfield	Mother's Birthplace England	/	
Name of person giving information William Preston	How related to deceased Father	/	

CAUSES OF DEATH

(51)

How long

How long

PHYSICIAN
OR CORONER

Primary

Premature Birth

Immediate

Are the name, age, sex, color, date and place correctly given above?

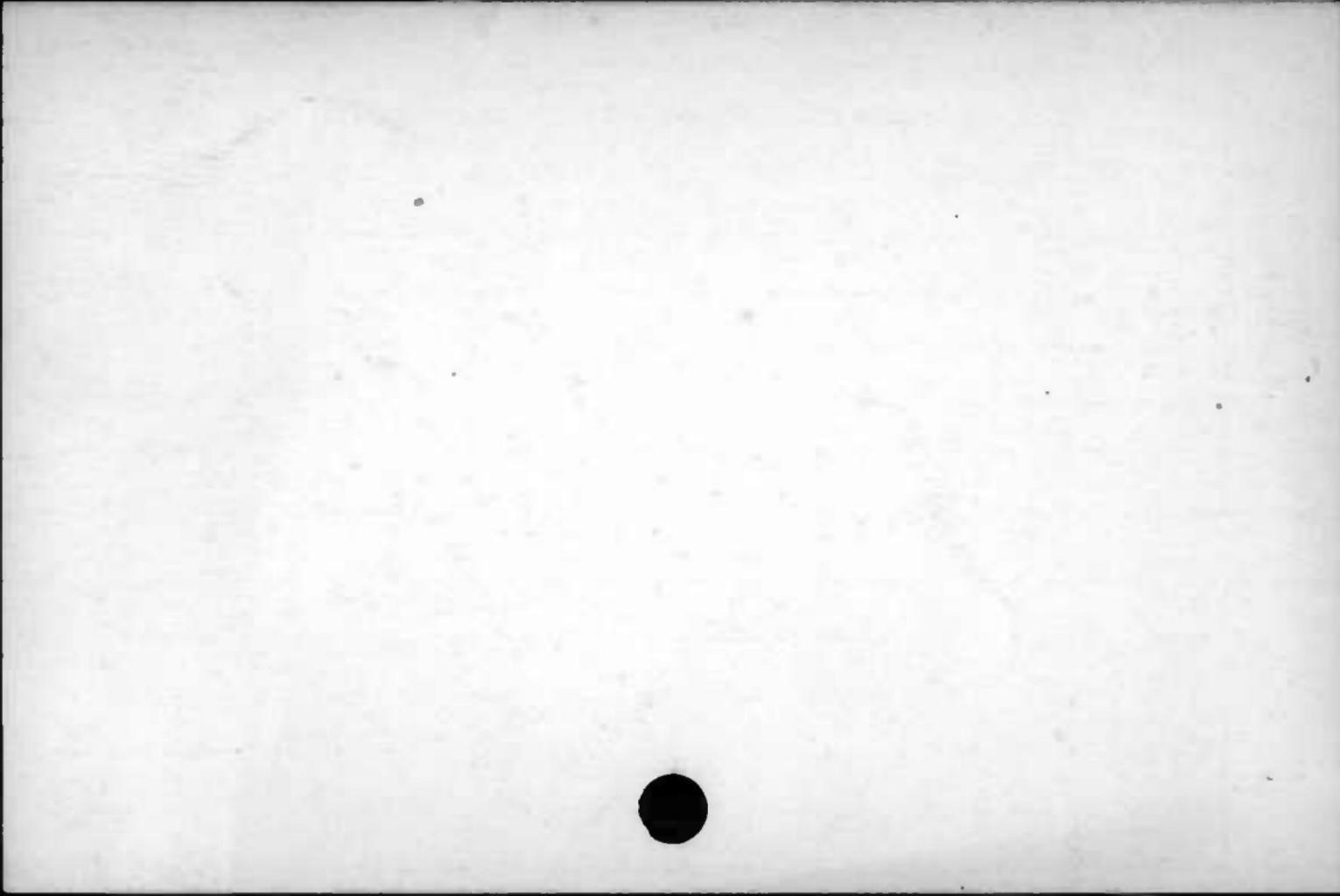
Signature of Physician

D Wom Lane

Address

Frostburg Md

Accident or Suicide?



Name
in
Full

Nelson C. Read

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>near Cumberland (Md)</u>	County <u>Allegany County</u>	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	May	31	54	4	28	
Sex	Color or Race					
Male	White	Birth-place <u>Cumberland Md</u>				
Occupation	Where Residing if not at place of death		<u>149 Washington St. Cumberland</u>			
Married, Single or Widowed	Name of Wife or Husband	<u>Helen H. L. Read</u>				
Married						
Father's Name	<u>Nelson Clark Read</u>					
Mother's Maiden Name	<u>Mary Gordon Lamar</u>					
Name of person giving Information	<u>Helen H. L. Read</u>					
Father's Birthplace	<u>Montgomery Co Md</u>					
Mother's Birthplace	<u>Allegany Co & wife</u>					
How related to deceased						

CAUSES OF DEATH

56

Primary	<u>Acute Alcoholism</u>		How long <u>8 days</u>
Immediate	<u>Cerebral Hemorrhage</u>		How long <u>at once</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>E B Blaybrook M.D.</u>	Address <u>Cumberland Md</u>
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Anthony Reese

CERTIFICATE OF DEATH

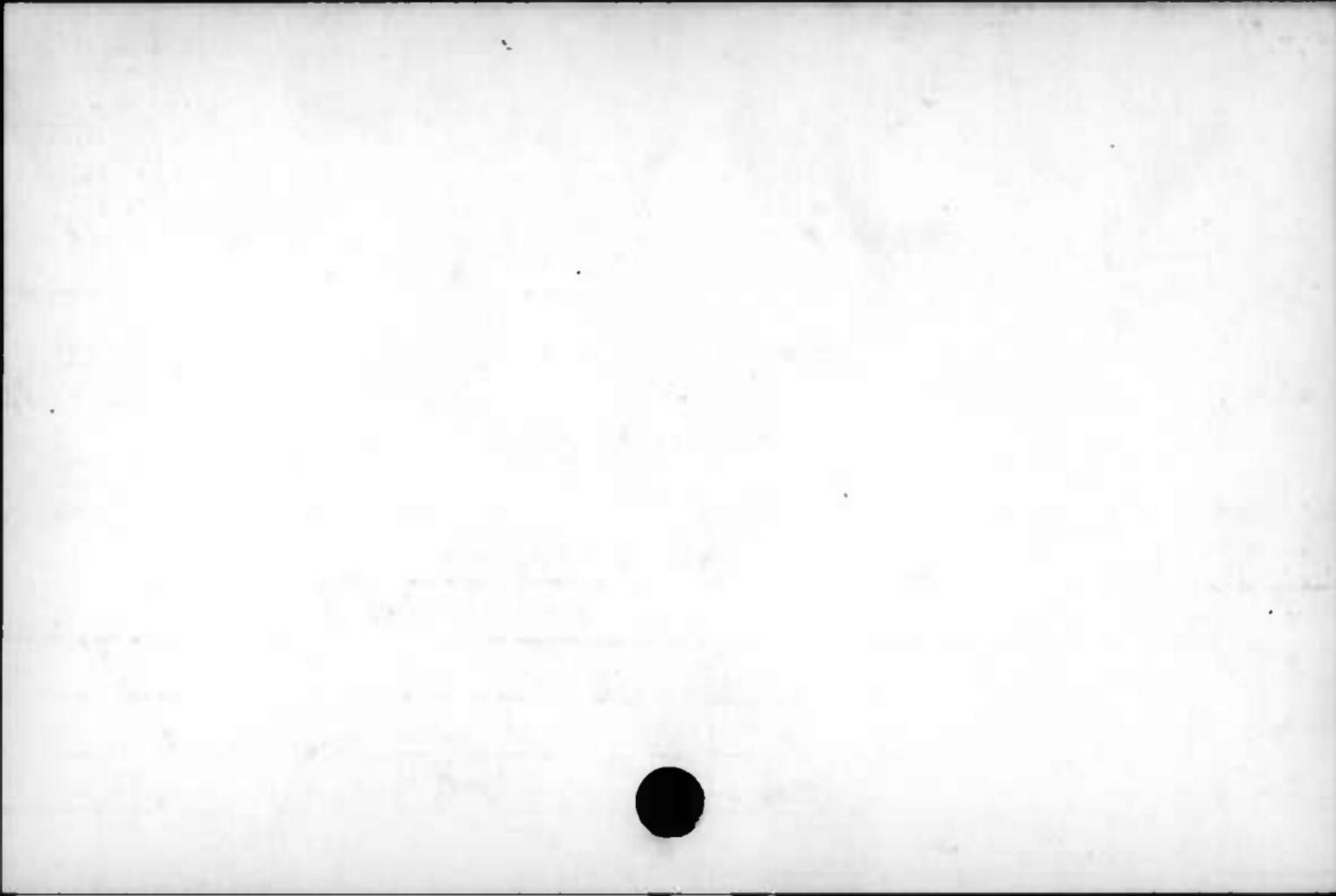
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month May	Day 28	Years 54	Months	Days
Sex	Male	Color or Race	white		Wales	
Occupation	Salesman		Where Residing if not at place of death		—	
Married, Single or Widowed	Married	Name of Wife or Husband	Mrs. Rees		Wales	
Father's Name	Thomas Rees		Father's Birthplace		Wales	
Mother's Maiden Name	Harriet Jones		Mother's Birthplace		Wales	
Name of person giving information	Thomas Rees		How related to deceased		Son	

CAUSES OF DEATH

Primary	64	How long	10 days
Secondary		How long	6 hours
Immediate			
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S. S. Duse
		Address	Lumberland Md
Accident or Suicide?			

✓
PHYSICIAN
OR CORONER



Name
in
Full

Fredrick St Reith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cumberland	Allegany			
Date of death	Month	Day	Years	Months	Days
1907	May	5	Age 67	5	20
Sex	male	Color or Race	White	Birth-place	Germany
Occupation	Carpenter	Where Residing if not at place of death	Augusta Reith.		
Married, Single or Widowed	married	Name of Wife or Husband			
Father's Name	Dont Know				
Mother's Maiden Name	Dont Know				
Name of person giving information	August Reith				

CAUSES OF DEATH

Primary

Typhus fever

(1)

How long

4 weeks

Immediate

Pneumonia

How long

one week

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Address

0170110

Name
in
Full

Raymond B. Robinette

CERTIFICATE OF DEATH

Died at found at Dawson

County

MARYLAND

Date of death 1907 Month Don't know Day

Years 32
Age 32

Months

Days

Sex male

Color or Race

White

Birth-place

Flinstone

Occupation

R.R. Brakeman

Where Residing if not
at place of death

Ridge St. 22

Married, Single
or Widowed

Married

Name of Wife or
Clara

Clara Robinette

Father's
Birthplace

Flinstone Md

Father's
Name

Z. B. Robinette

Mother's
Birthplace

" Md

Mother's
Maiden Name

Mary E. Davis

How related
to deceased

Uncle.

Name of person giving
Information

B. F. Davis

CAUSES OF DEATH

158

Primary

Drowned Found May 16

(Homicide)

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

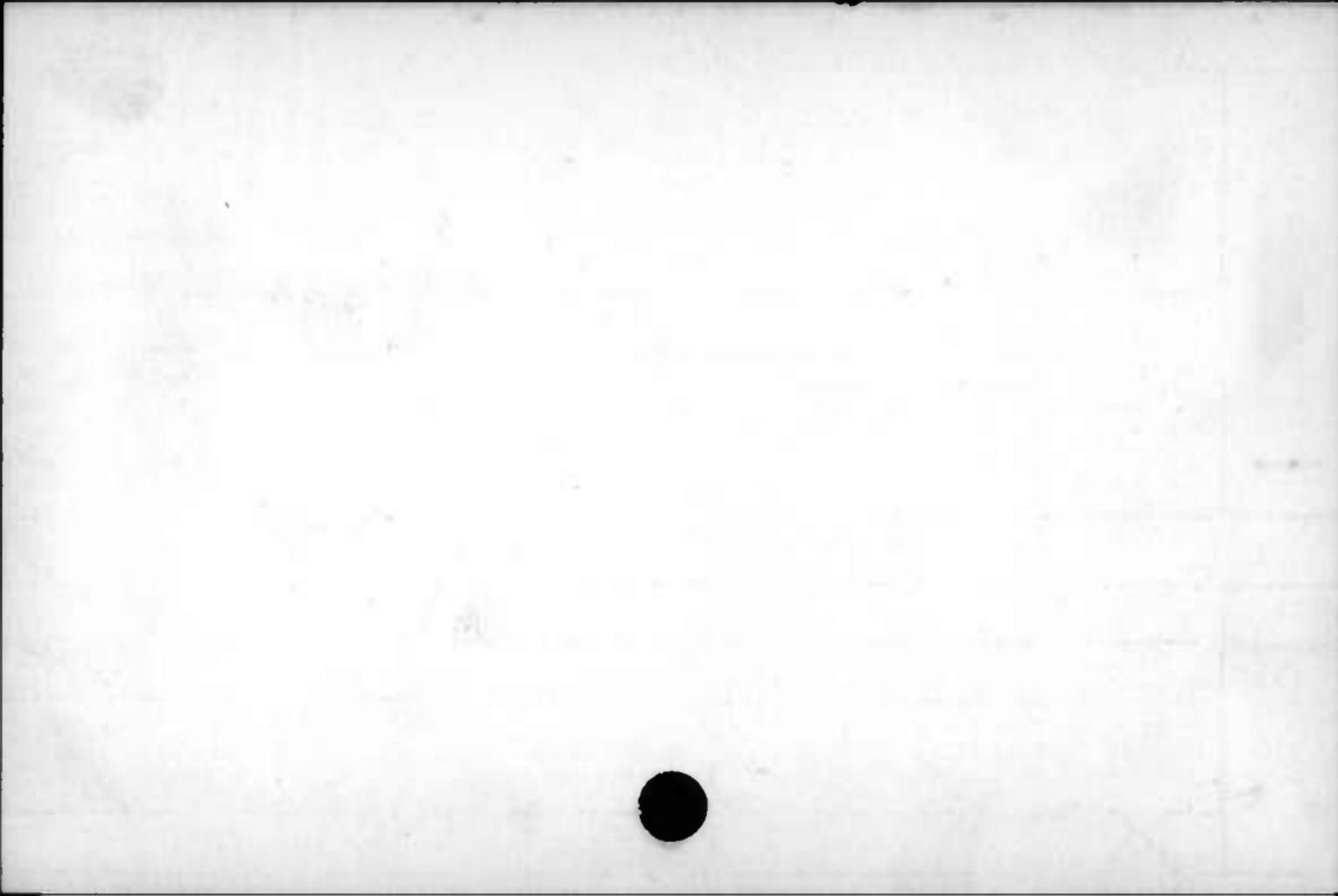
G H Martz coroner
Cumberland
Md

Accident or Suicide?

Suicide

BE ANSWERED BY
WITNESS FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Harriet Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Camden	Baltimore			
Date of death	1907	Month	Day	Years	Months Days
	May		10	Age	100
Sex	Female	Color or Race	Birth-place		
Occupation	Wife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Wm Henry Robinson		
Father's Name	Don't Know			Father's Birthplace	Don't Know
Mother's Maiden Name	Don't Know			Mother's Birthplace	Don't Know
Name of person giving information	Wm H Robinson			How related to deceased	Husband

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Immediate

old age

Are the name, age, sex, color, date and place correctly given above?

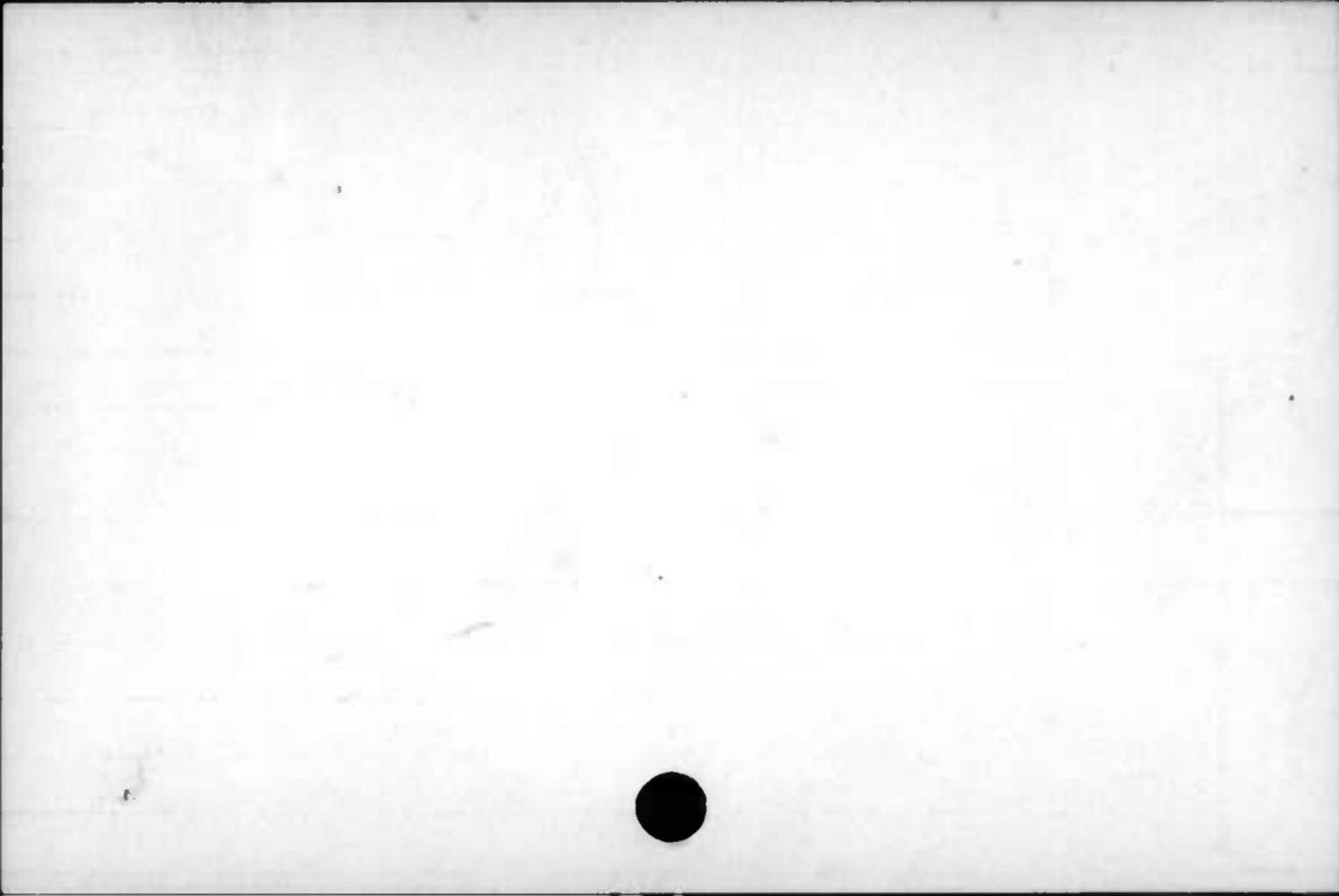
Steve

Signature of Physician

Address

G. W. May Jr.
Cumberland MD

Accident or Suicide?



Name
in
Full

~~infant~~ ~~of~~
Albert J Rodenhausen

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month May	Day 1	Years —	Months —	Days —
Sex Male	Color or Race White	Birth-place Emmito			
Occupation —	Where Residing if not at place of death —				
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name Albert J Rodenhausen	Father's Birthplace Emmito				
Mother's Maiden Name Laura V Soss.	Mother's Birthplace Emmito				
Name of person giving information Albert J Rodenhausen	How related to deceased Father				

CAUSES OF DEATH

Primary

Stillborn

(8)

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

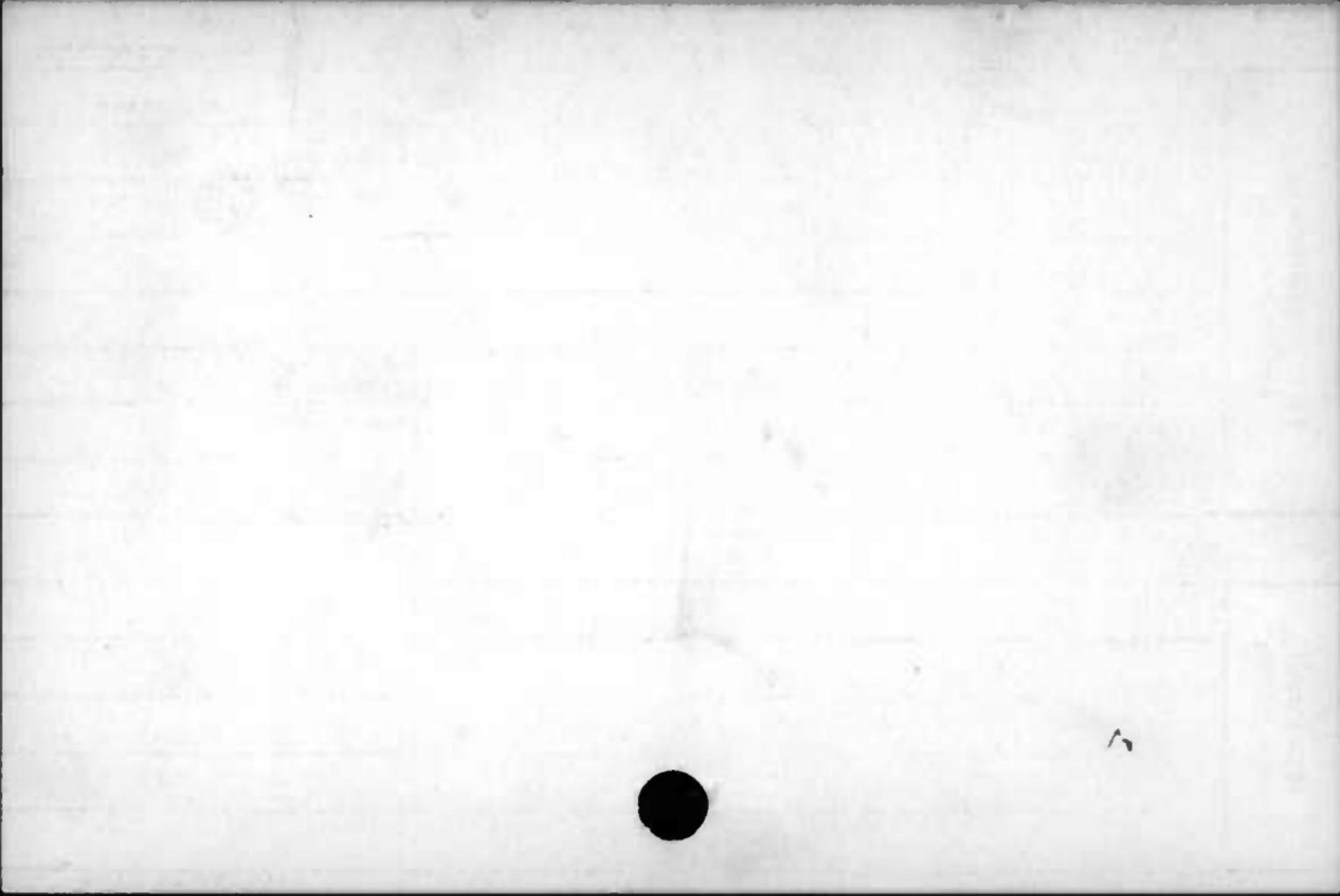
Signature of Physician

Dr. Thos. Koen
Emmito

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Town

Date
of death

1907

Month

May 13

Day

County

MARYLAND

Years

Age

24

Months

18

Days

Sex

Male

Color or
Race

White

Birth
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Sole Rump

Father's
BirthplaceMother's
Maiden Name

Charles Rump

Germany

Name of person giving
Information

Elizabeth Rump

Germany

Primary

CAUSES OF DEATH

How long

Crushed in mine

—

Immediate

Shock

How long

—

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Yes

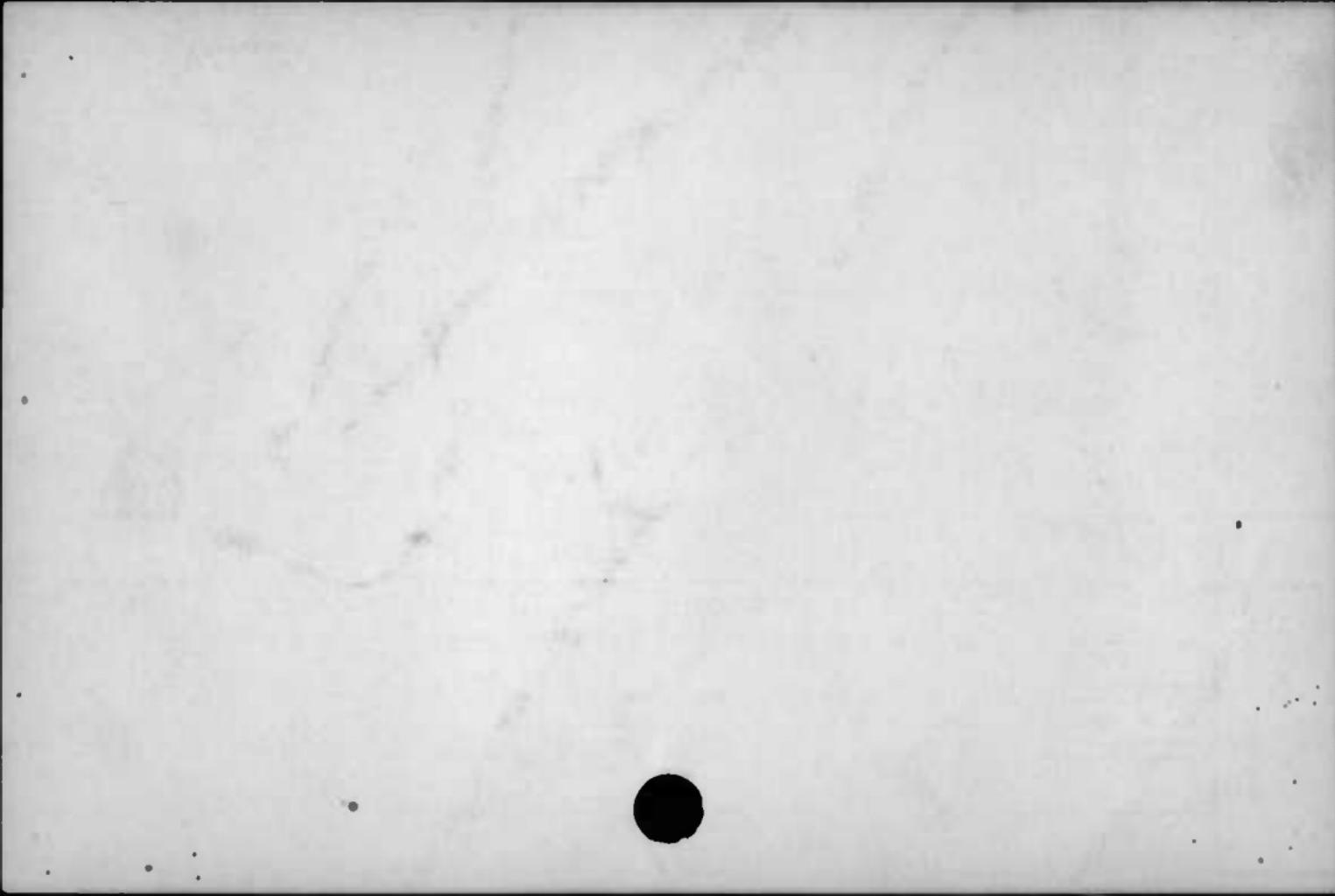
How long

12 hours

Accident or Suicide?

No

PHYSICIAN
OR CORONER

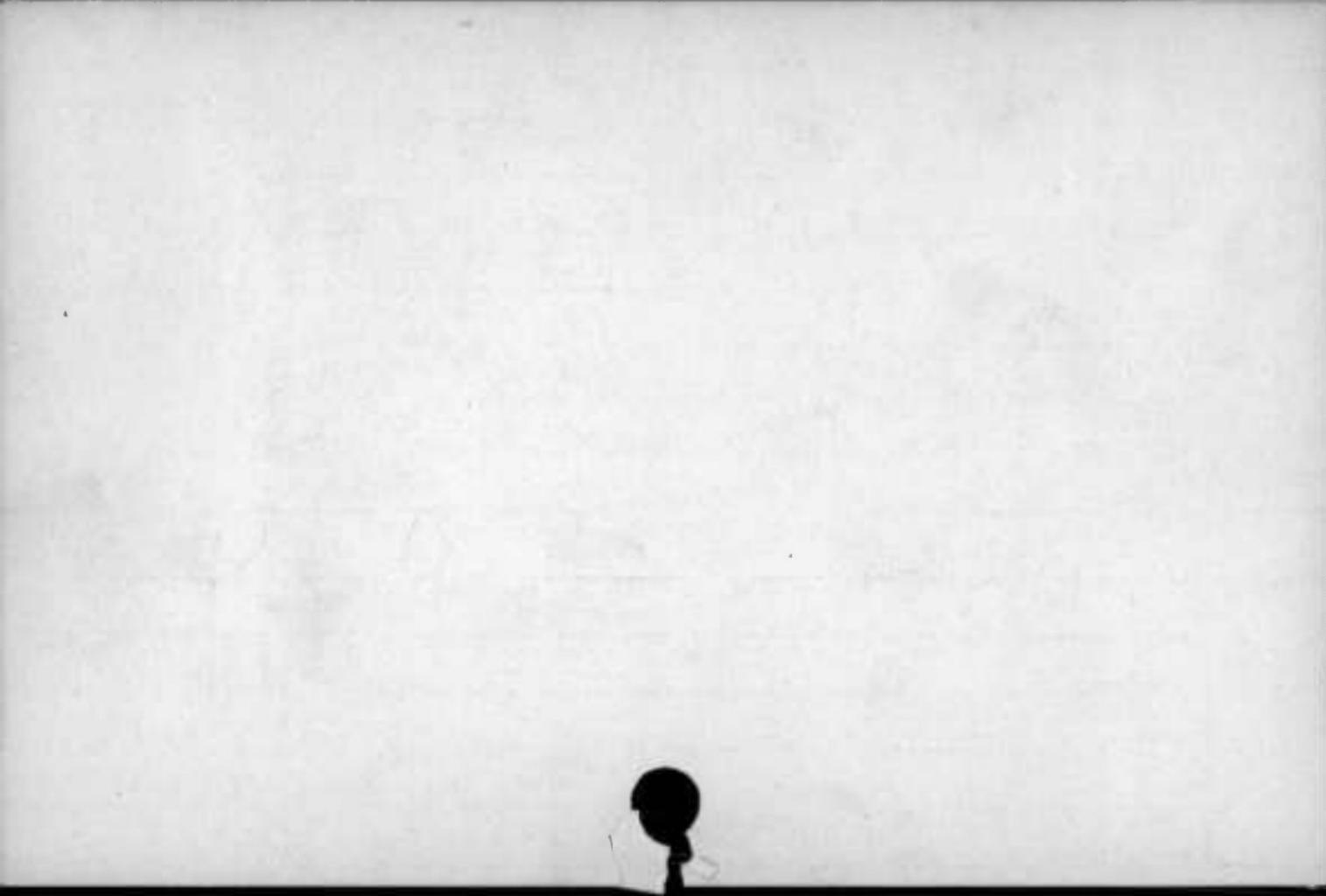


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Frederick Stevens								CERTIFICATE OF DEATH		
Died at	Town	County							MARYLAND	
Date of death 1907	Month	Day	Years	Age	Months	Days				
Sex	Color or Race									
Occupation	Where Residing if not at place of death				Birthplace					
Married, Single or Widowed	Name of Wife or Husband	Mary Stevens				Father's Birthplace				
Father's Name	Dawn Stevens				Mother's Birthplace			Unknown		
Mother's Maiden Name	Unknown				How related to deceased			Unknown		
Name of person giving information	Eugene Stevens				(112)			Daughter		
CAUSES OF DEATH										
Primary	Cirrhosis of liver		8 yrs		How long					
Immediate	Cardiac exhauster		+		How long					
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	J. Coble					
				Address	Portsmouth					
Accident or Suicide? No										

PHYSICIAN
OR CORONER



Name
in
Full

(Stillborn)

Sunseri

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	So Cumbuland		Town	County	MARYLAND		
Date of death	1907	Month May	Day 29	Years	Months	Days	1
Sex	Female	Color or Race	white	Birth-place	Md.		
Occupation	—		Where Residing if not at place of death	—			
Married, Single or Widowed	—		Name of Wife or Husband	—			
Father's Name	Joseph Sunseri		Father's Birthplace	Italy			
Mother's Maiden Name	Provinc. Skidana		Mother's Birthplace	Italy			
Name of person giving Information	Joseph Sunseri		How related to deceased	Father			

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary

Spina Bifida & Hydrocephalus

How long

Stillborn

Immediate

How long

Stillborn

Are the name, age, sex, color, date and place correctly given above?

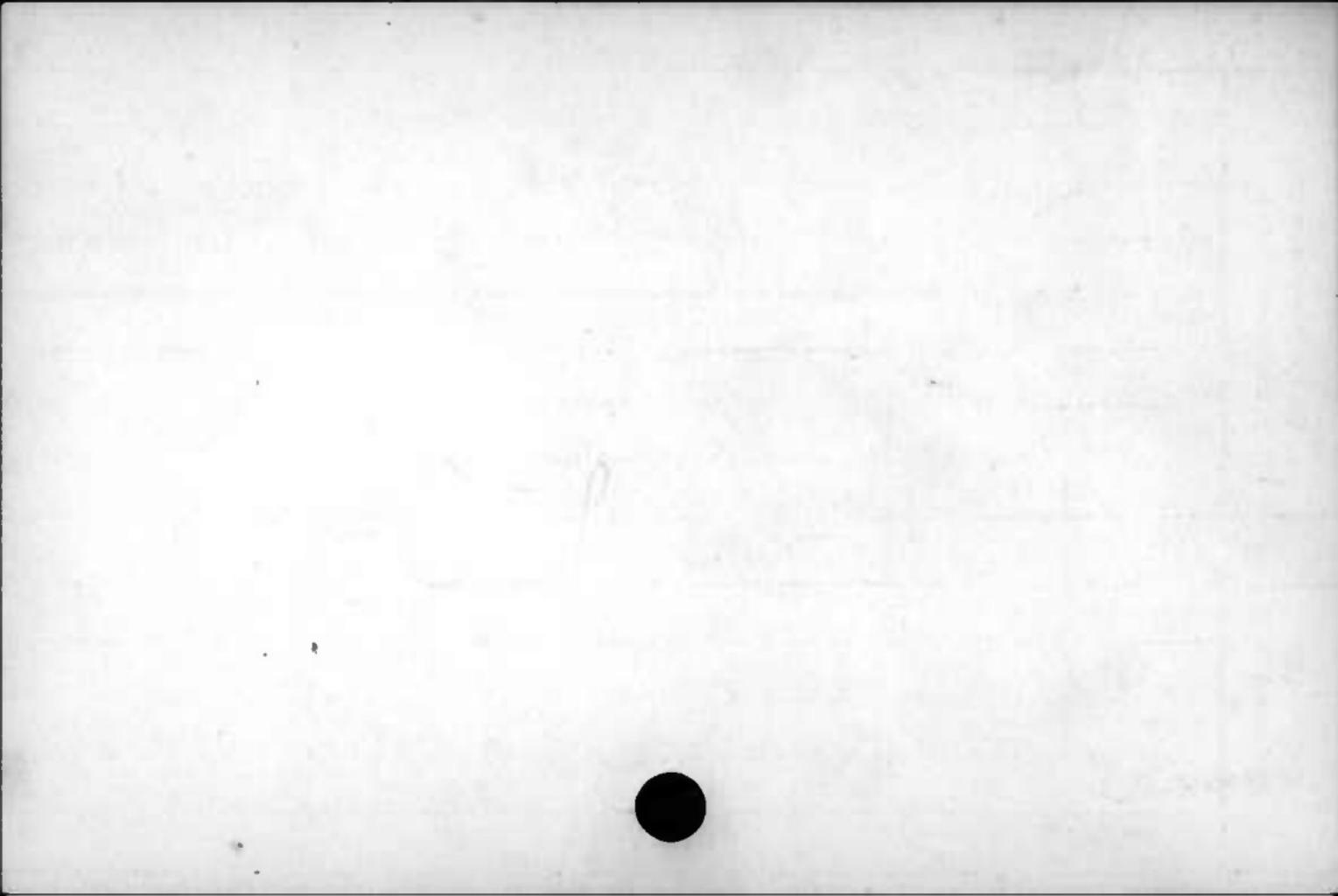
yes

Signature of Physician

Address

G. L. Bradford M.D.
Cumbuland

Accident or Suicide?



Name
in
Full

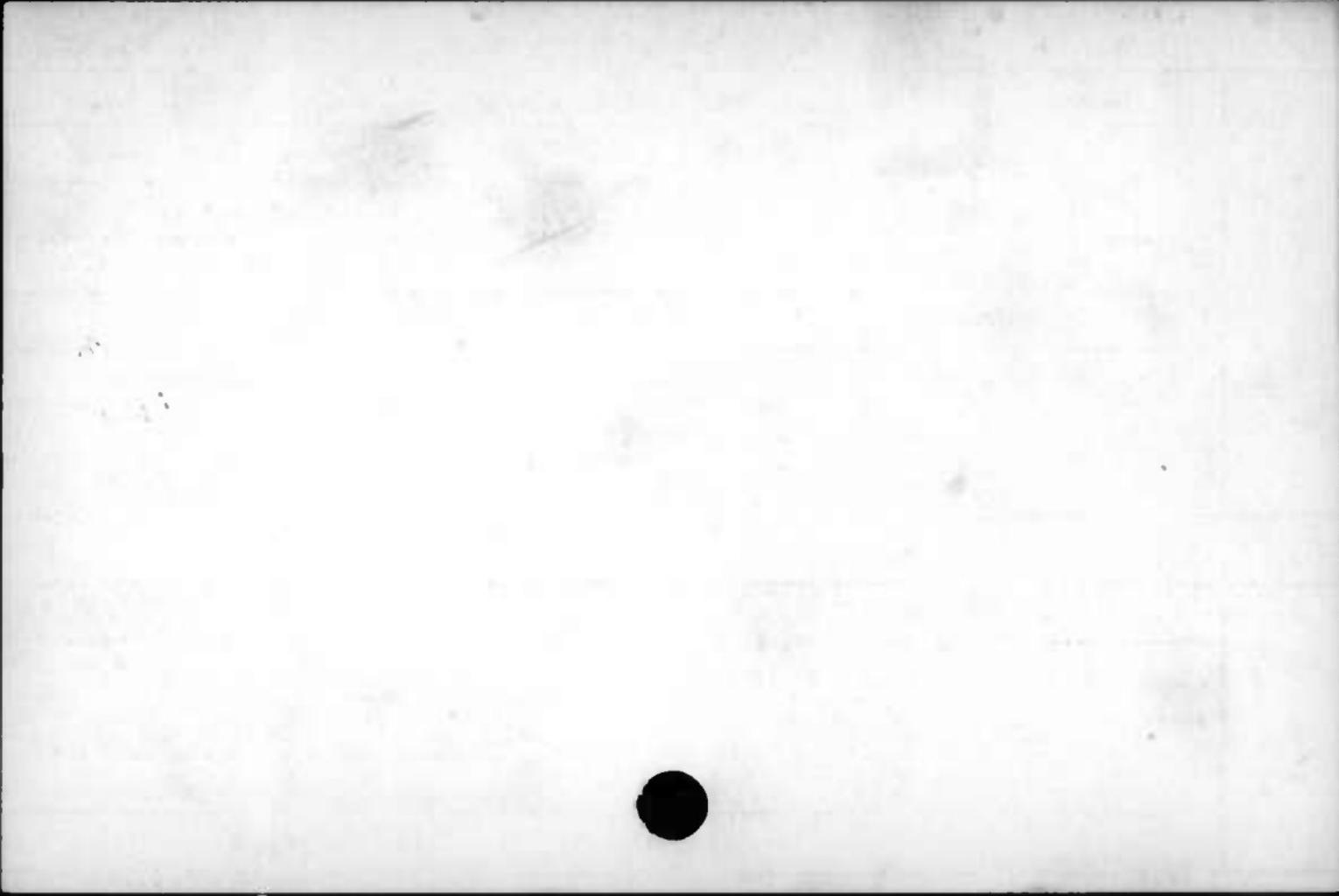
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Thomas				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Color or Race			Birthplace			
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information	Conrad Miller		How related to deceased				
CAUSES OF DEATH							
Primary			174				
Immediate	asphyxiation lime kiln		How long				
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Steve years				Address			
Accident or Suicide?				G K May coroner Cumberland MD			

Are the name, age, sex, color, date and place correctly given above?
Steve years

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	1907	Month May	Day 23	Age 80	Months	Days
Sex	Male	Color or Race	White	Birth-place Wales		
Occupation	Laborer		Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Do not know		
Father's Name	Do not know			Father's Birthplace		
Mother's Maiden Name	Do not know			Mother's Birthplace		
Name of person giving Information	Mr. Wilson.			How related to deceased		

CAUSES OF DEATH

Primary

Apoplexy or

104

How long

Death

Immediate

Exhaustion

How long

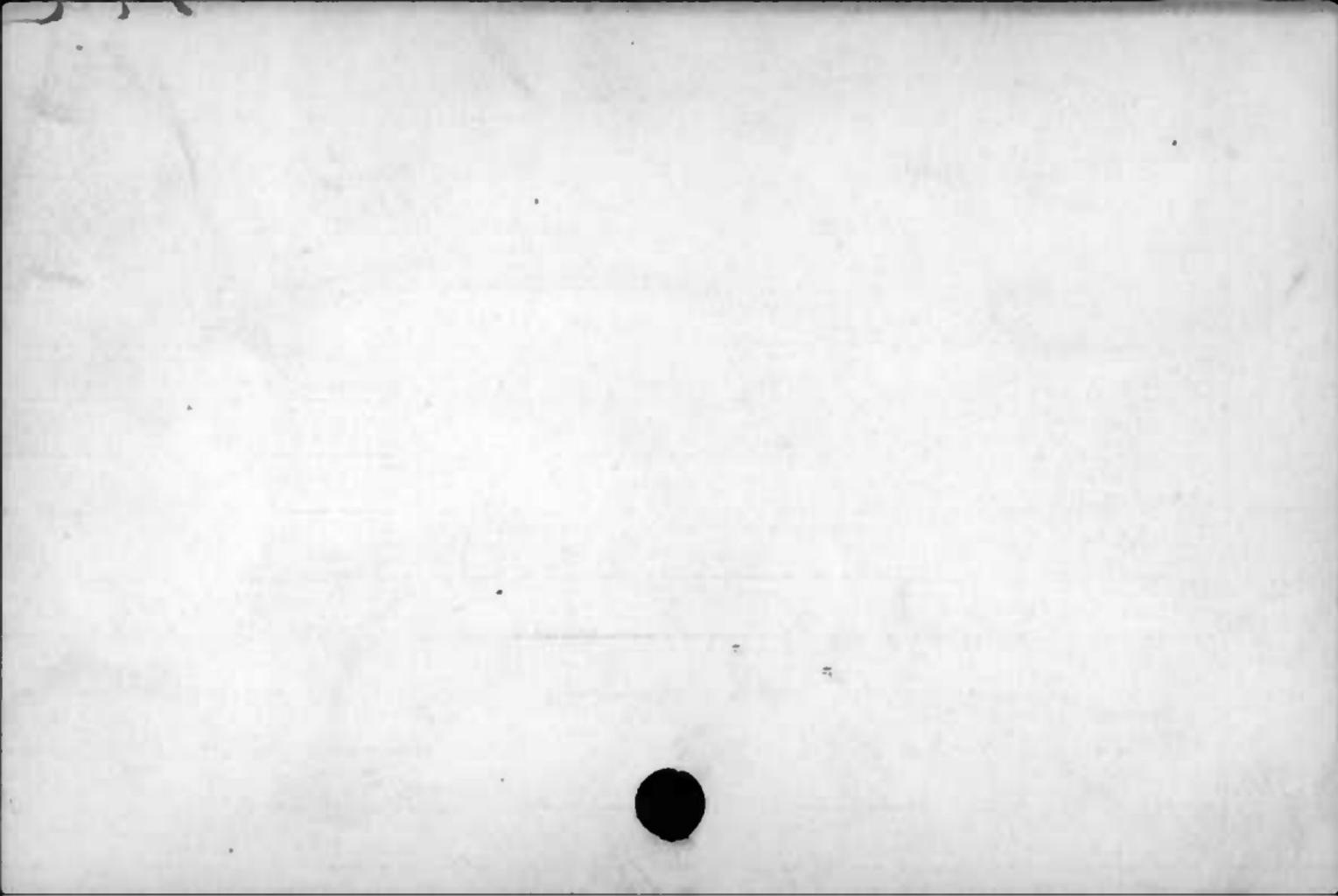
2 weeks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Dr. F. F. Riggs
Baltimore
MD

Accident or Suicide?



Name
in
Full

Margrette Weigle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	69	8	7
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Jacob Weigle			
Father's Name	David Simpson				
Mother's Maiden Name	Don't Know				
Name of person giving information	Martha Thresher				

CAUSES OF DEATH

✓
PHYSICIAN
OR CORONER

Primary	Assassination	(120)	How long	30 days
Immediate	Exhaustion Coma		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. Weigle
			Address	Gloucester Cemetery Hill
Accident or Suicide? —				

69 - Aug 11.

"7 min

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death 1907	Month	Day	Years Months Days
Sex	Male	Color or Race	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Name of Father	
Father's Name	Elizabeth Welsh	Father's Birthplace	
Mother's Maiden Name	Unknown	Mother's Birthplace	
Name of person giving information	Robt. Welsh Jr.	How related to deceased	

CAUSES OF DEATH

6H

PHYSICIAN
OR CORONER

Primary	Cerebral hemorrhage	How long
Immediate	Cerebral pressure	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	As	October Finthony, N.Y.



Name
in
Full -

Female Dead born Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Place		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1907	5	11	Age	Dead born.	
Sex	F.	Color or Race	H.	Birth-place	Md
Occupation	Where Residing if not at place of death		—		
Married, Single or Widowed	Name of Wife or Husband		—		
Father's Name	Do not know name		Father's Birthplace		
Mother's Maiden Name	Maggie Williams		Mother's Birthplace		
Name of person giving information			Md.		
How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dead born



How long

Immediate

Dead born



How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. W. M. Lane
Frostburg Md

Accident or Suicide?

Alleg. Cm
(Grand father)

Name
in
Full

Mary Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Frostburg Md.	
Married, Single or Widowed	Name of Wife or Husband	Robt A Wilson			
Father's Name	Edward Price	Father's Birthplace	Wales		
Mother's Maiden Name	Ann Lewis	Mother's Birthplace	Wales		
Name of person giving Information	Anna Price	How related to deceased	Brother		

CAUSES OF DEATH

79

Primary Cause-Endocarditis How long 3 weeks

PHYSICIAN
OR CORONER

Immediate

a

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Griffith
Frostburg Md.

19

Accident or Suicide?

